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2 FEBRUARY 1987

Worldwide Report

EPIDEMIOLOGY

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WORLDWIDE REPORT
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/12223

WHO OFFICIAL QUESTIONS HIGH RATE OF AIDS INFECTION

Addis Ababa THE ETHIOPIAN HERALD in English 11 Dec 86 p 6

[Text]

LILONGWE, Malawi (MANA/PANA) — Western media reports that Africa has a high incidence rate of the Acquired Immune Deficiency Syndrome (AIDS) were distorted, the World Health Organisation (WHO) Regional Director for Africa, Dr. G L Monekosso, said over the weekend.

Monekosso, who made a stop-over visit to Malawi on his way to the Comoros and Madagascar on Saturday reported that he carefully designed study of Chad, Gabon, Cameroun and the Central African Republic by WHO revealed that the infection rate did not exceed six percent of the population.

He said the infection rate in these countries was from zero per cent in rural areas to four per cent in urban areas and six per cent in one of the urban areas.

Monekosso said: "Even the figure of six per cent is sufficiently worrying for us, particularly as we know from our clinical experience that many of our patients have poor nutrition."

He said another setback for the African countries in the fight against AIDS was their poor economic positions, because they could not afford to buy new syringes and to test blood samples before transfusion since the disease was spread through treatment by syringes and blood transfusion.

The regional director said some of the figures given in the western media which estimated the infection rate for Africa at as high as 40-60 per cent were obtained from samples of very high risk groups like prostitutes.

"The proportion of AIDS position in prostitutes in any country in the world will be greater than in the population of normal married people," he said.

Monekosso said some of the high figures are due to distortions in the way samples were selected and that some of the techniques that were used were no longer considered today.

He added that there was no reliable evidence to suggest that AIDS originated in Africa as western reports have suggested.

The WHO regional director said in countries like South Africa AIDS was not yet a problem and in the African majority it was present only in homosexuals.

He said in West Africa, AIDS has not established itself and countries as large as Nigeria have not identified even positive blood cases of possible carriers.

Monekosso explained that the World Health body had since last March drawn up a plan of action to educate the public about AIDS through the mass media.

He said other aspects of the plan of action included blood screening before transfusion, sterilisation of equipment like syringes, training of laboratory technicians and pathologists and the formation of national AIDS control committees.

He said since the campaign was launched, more African countries were now more cooperative in giving information on AIDS cases in their countries.

The WHO regional director said other areas of action included the assessment of prevalance of the disease and surveys of blood tests had been sponsored to determine the prevalence AIDS in African villages and towns.

/12828
CSO: 5400/83

ARAB NATIONS TAKE MEASURES AGAINST AIDS

Amman THE JERUSALEM STAR in English 11-17 Dec 86 p 17

[Article by Mounir B. Abboud]

[Text] Beirut, Lebanon--AIDS hysteria is sweeping the Middle East, and Arab countries are introducing stringent precautions in a bid to keep the killer disease at bay.

They include:

--Medical screening of immigrant workers and foreign visitors.

--Stricter checks on local blood donation and in some countries a ban on uncertified imported blood.

--Checks on second-hand clothes imports to determine whether they could be carriers of the AIDS virus.

--Educational programmes via public health authorities and the media.

The measures are being introduced following a conference in Kuwait which discussed the dangers of AIDS--Acquired Immune Deficiency Syndrome--and confirmation of isolated AIDS deaths in Lebanon, Saudi Arabia and Sudan.

AIDS cases have been reported in several other Arab countries, but no other deaths have been confirmed. The first known case in Lebanon came to light earlier this year when a 34-year-old man died in a Beirut hospital. He had lived for six years in San Francisco before returning to Beirut, where he was discovered to have AIDS, which destroys the body's ability to fight disease and almost invariably results in death.

Doctors in Beirut are certain the man contracted the disease in the United States, where some 15,000 people already have died of AIDS. No details are available about the case in Saudi Arabia. The Sudanese victim, a 43-year-old man, is reported to have been diagnosed when he returned to Khartoum to visit his children after 10 years in Demmark. Health officials and AIDS specialists from around the world attending the conference drew up a regional strategy to combat the disease.

They noted that those most at risk include homosexuals, haemophiliacs, drug addicts and recipients of blood transfusions. They discussed evidence suggesting AIDS can be transmitted via the saliva and semen of carriers who have not developed the disease themselves.

Most Arab countries have started screening imported blood supplies, in addition to checking local blood donors for indications of AIDS.

In Jordan, Syria, Bahrain, Qatar, Oman and North and South Yemen, health authorities have told hospitals not to accept imported blood unless it is certified free of the AIDS virus.

In the United Arab Emirates, screening has been ordered of immigrant workers, particularly cooks, house servants and waiters, who are likely to have frequent contact with local families.

The UAE also has ordered checks on what the government termed selected hospital patients.

The Iraqi government has announced that all visitors to the country soon will be required to submit to AIDS detection tests. A Foreign Ministry note circulated to embassies here said the measure was being taken to prevent the entry of AIDS into Iraq, a country of 15 million people currently reported free of the disease.

The note said all visitors—"Arabs and other nationals"—would be required to report to assigned hospitals within five days of entry to obtain health certificates. Saudi Arabia is checking immigrant workers also, and in a bid to prevent Saudis abroad contracting the disease, is handing out "awareness cards" to all people leaving the country.

The Lebanese government has ordered microbiology tests on second-hand clothing imported from the United States and other Western countries to determine whether cast-offs donated for refugees could carry the virus.

In Kuwait, sophisticated equipment previously only available in the United States and some European countries has been installed at the country's central blood bank to check all donations, local and imported.

Kuwait has been chosen as the regional centre in the Arab world's battle to keep AIDS at bay.

Dr Rashid Uwaish, director of public health and training, said specialized equipment for diagnosis of AIDS is to be installed before the end of the year.

When it is operational, the health ministry, in conjunction with the World Health Organization, will train technicians from Arab countries in primary investigation into AIDS. Earlier this year, an American expert had sounded the AIDS danger signal to the Arab world.

Addressing a symposium at Saudi Arabia's King Faisal Specialist Hospital, Dr Clifford Lane of the US National Institute of Allergy and Infectious Diseases said unless action was taken, "AIDS could pose a public health problem of epidemic proportion."

/9317
CSO: 5400/4505

BRIEFS

NAOGAN GASTROENTERITIS EPIDEMIC--Naogan, 11 Nov--The death toll of Gastro-enteritis rose to 58 up to November in Naogaon district. More than 500 are suffering from the disease according to official source. The upazilar wise death figures are as follow: Naogon upazilla--3 Atrai upazila--20 Manda upazila--9 Patnitola upazila--8 Shapahar upazila--7 Porsha upazila--6 Dhamoirhat upazila--2 and Badalgachi upazila 3. [Text] [Dhaka THE BANGLA-DESH OBSERVER in English 12 Nov 86 p 7] /9274

JAUNDICE AMONG CHILDREN--Ishurdi, 4 Nov--Thousands of children in northern part of the country have been suffering from malnutrition, jaundice and other intestinal diseases for want of proper medical facilities. It is reported that about 60 percent children have been suffering fron intestinal and skin diseases but they are being deprived of proper medical facilities due to scarcity of necessary medicines in the hospitals. Besides normal growth of these children is being hindered for want of vitamins. According to some physicians malnutrition is caused by vitamin deficiency and insufficient food stuff taken by the children. It is alleged that the modernised hospitals of various upazilas are not equipped with requisite medicines to provide treat-ment to the affected children. Higher authority should look after in this matter. [as published] [Text] [Dhaka THE BANGLADESH OBSERVER in English 6 Nov 86 p 7] /9274

CSO: 5450/0053

GOVERNMENT ADOPTS NEW MEASURES IN FIGHTS AGAINST AIDS

Reporting Requirements

Hamilton THE ROYAL GAZETTE in English 1 Nov 86 p 3

[Text] Doctors will be ordered to report more details of AIDS cases to the Ministry of Health and Social Services, the Minister the Hon. Ann Cartwright DeCouto said.

She insisted the new law was not being introduced because doctors were reluctant to provide Ministry officials with information on cases of the deadly disease but was simply a tidying up exercise.

The president of the Bermuda Medical Society, however, questioned the wisdom of supplying the Ministry with more information. Dr. Jack Patton said that supplying data not only on actual cases but on "at risk" people as well could muddle the overall picture for Ministry officials.

"If they want to know all of those people who may be at risk they are going to get an awful lot of reports. That may not be helpful.

"Government seems to be interested in collecting data and information on the disease. But if you get too much it may create confusion."

Doctors were ordered to report all AIDS cases to the Health Ministry in 1983 and the new law will expand the scope of the information required.

Mrs. Cartwright DeCouto said the planned legislation required doctors to report tests indicating a person had been exposed to the AIDS virus. It also requires reports on people with AIDS-related complex, a condition which has some features of the disease but is not the disease itself.

"This expands the scope of what has to be reported and brings Bermuda into line with what has happened in the medical and scientific world," she said.

"It simply widens the definition so that the Ministry can be kept as in touch as possible with what is going on in the community."

Chief Medical Officer Dr. John Cann said: "This ensures that we are operating on a legal basis and that the law has caught up with what is actually happening."

But Dr. Patton said: "You're really interested in (tracking) the people who have the disease, not those at risk."

Specifically Mrs. Cartwright DeCouto said the planned legislation "is an amendment to the Public Health Act 1949 to make reportable a positive test for the virus that causes AIDS, and AIDS-related complex or two positive tests plus a confirmary test showing the presence of the HTLV-III virus be made notifiable conditions."

The information will be used to monitor the spread of the disease and to provide statistics to the Pan American Health Organisation, a branch of the World Health Organisation.

Hamilton THE ROYAL GAZETTE in English 15 Nov 86 p 1

[Text]

Carriers of the deadly AIDS virus might in future be forcibly isolated from other people if they refuse to co-operate with doctors.

MPs yesterday approved a series of strict regulations to control what Health Minister the Hon. Ann Cartwright DeCouto called the most important public health issue facing the world.

The measures affect people carrying the HTLV-3 AIDS virus. Carriers may have the virus for years without developing AIDS but can, nevertheless, infect other people.

The measures include:

- Isolation, if the carrier's behaviour consistently leaves other people open to infection.

Carriers might be isolated, for instance, if they regularly get into fights, where the virus can be passed on through bleeding cuts and grazes.

- Mandatory medical examinations and treatment if ordered by the Chief Medical Officer.
- A Obligation on carriers to tell people they have the virus if the other person might be at risk.
- Penalties against anyone who knows another person has the virus but still allows them to put third parties at risk.

Mrs. Cartwright DeCouto said dentists, medical staff and undertakers were typical examples of those who must be told there was a risk.

The obligation also includes telling sexual partners, although there would be difficulties in enforcing the law in those cases.

The penalties for refusing to co-operate with the law could be fined or jailed.

The measures were passed by MPs in an order made under the 1949 Public Health Act.

The order makes the virus a communicable disease of the first category.

The powers and obligations of carriers already apply to other diseases, such as herpes.

People suspected of having the virus have, up to now, had to undergo three blood tests before they are confirmed as carriers.

The new order reduces this to one positive test.

The measures are part of a Government onslaught on AIDS which has seen the recent issuing of guidelines on how to handle children who have the disease.

MPs unanimously backed the new measures in a one-hour debate in the House of Assembly.

Mrs. Cartwright DeCouto said monitoring the AIDS virus would give Government a better idea of how the disease was spreading through the community.

Monitoring included trying to persuade people to change their lifestyle to cut the risk of infecting others and contacting known associates to see if they had contracted the disease.

One of the problems was an incubation period for the virus of up to five years, compared with just 14 days for herpes.

"I'm unable to to reassure Members that we have the answer.

"We don't have the answer any more than the rest of the world.

"Until there is a breakthrough in science and research that can give a cure for AIDS, we don't have the answer.

"The only thing we can do is to urge and urge and urge these people who live extreme sexual lifestyles, or insist on breaking the law with illegal drugs, to stop," she said.

"They are playing Russian roulette with their lives. If they don't end their illegal and immoral activities, we don't have any hope of stemming the spread."

Opposition leader Mr. Frederick Wade said Government was trying to tackle the spread of AIDS in the right way and told Mrs. Cartwright DeCouto to be sure there were enough medical staff to ensure the monitoring worked properly.

/13104
CSO: 5440/032

BRIEFS

BUBONIC PLAGUE OUTBREAK—More than 300 cases of bubonic plague, including 24 deaths, have been reported in Paraiba during the last 3 months. [Summary] [Brasilia Radio Nacional da Amazonia Network in Portuguese 0900 GMT 19 Dec 86] It has been reported that 41 bubonic plague cases were detected in Paraiba, where the disease has already killed 6 people. [Summary] [Brasilia Domestic Service in Portuguese 2100 GMT 6 Nov 86] The SUCAM [Superintendency for Public Health Campaigns] is working in Paraiba to control the outbreak of bubonic plague that has already affected 194 people, killing 100 of them. The SUCAM has received from the Health Ministry medicines based on sulfa and antibiotics. It has also deployed different teams which are working in some 40 municipalities affected by this plague. [Text] [Brasilia Domestic Service in Portuguese 2100 GMT 2 Dec 86] /9604

GASTROENTERITIS OUTBREAK IN BAHIA—An outbreak of gastroenteritis has already killed 20 persons in the Joao Amaro district of Bahia state. This was disclosed by the Bahia State Health Secretariat. [Summary] [Brasilia Radio Nacional da Amazonia Network in Portuguese 0900 GMT 18 Dec 86] /9604

MENINGITIS CASES IN PARANA—The Parana State Health Secretariat yesterday confirmed that three cases of meningoccocal meningitis were diagnosed in Adrianopolis (a35 km from Curitiba). The Epidemiological Division of the Health Secretariat will today start a vaccination campaign in Andrianopolis to prevent an epidemic. [Summary] [Sao Paulo FOLHA DE SAO PAULO in Portuguese 31 Oct 86 p 15] /9604

AIDS INCIDENCE SPREADING--The incidence of AIDS in Sao Paulo is spreading. In fact, the disease has killed 292 people since 1982. So far 582 cases have been reported in Sao Paulo, although it is estimated that some 700 people are affected by the disease. This information has been released by (Teresa Estrela), deputy director of the Dermatology Department of the Sao Paulo Health Secretariat, who also reported on the case of a child who contracted the disease from her mother, who is an AIDS carrier. [Summary] [Brasilia Domestic Service in Portuguese 2100 GMT 28 Nov 86] The Health Secretariat of Sao Paulo believes that the number of AIDS-affected people actually surpasses 700. Some cases which are being investigated have not been recorded in the statistics. The state public health secretariat says that the disease continues to spread because people are not taking precautions. [Text] [Brasilia Radio Nacional da Amazonia in Portuguese 0900 GMT 11 Nov 86] /9604

LEISHMANIASIS CASES IN CEARA--The SUCAM [Superintendency for Public Health Campaigns] Has detected an outbreak of Leishmaniasis in Aquire County, in the outskirts of Fortaleza, Ceara State. A hundred cases have been diagnosed, and the most seriously ill have been hospitalized, while the lighter cases are being treated at home. [Summary] [Brasilia Domestic service in Portuguese 2100 GMT 3 Dec 86 PY] /12624

THRÈE AIDS CASES IN MADRID--Marcelo Constant, chief physician at the Immunological Department of Constance de Goes Monteiro Hospital, yesterday announced three cases of AIDS in Maceio, Alagoas. The three infected people are homosexuals. [Summary] [Sao Paul O ESTADO DE SAO PAULO in Portuguese 26 Dep p 7 PY] /12624

CSO: 5400/2021

BRIEFS

AIDS CARRIERS--The AIDS Scientific Commission met at the Ministry of Health under the chairmanship of Health Minister Takis Pelekanos. It reviewed the situation as it appears to date. It was found that the number of AIDS carriers amounts to 7. Out of these cases, 4 are individuals who have received many blood transfusions, two are foreigners who will leave for abroad and one is a Cypriot citizen residing abroad. An individual suffering from AIDS has also been discovered. [Excerpt] [Nicosia O AGON in Greek 30 Nov 86 p 32] /7358

CSO: 5400/2419

BRIEFS

VACCINATION CAMPAIGN LAUNCHED--Djibouti launched a new drive Saturday to vaccinate all young children and women of childbearing age against a variety of diseases over the next year. The country would then become one of the first developing countries to have inoculated its children under a World Health Organization plan, which has a completion target of 1990. The jabs will protect people against tetanus, measles, whooping cough, diptheria and polio. Some 7,000 children and 4,000 women have already been vaccinated over the past year. [Text][Addis Ababa THE ETHIOPIAN HERALD in English 9 Dec 86 p 4]/12828

CSO: 5400/83

BRIEFS

DENGUE WARNING--Roseau, Tuesday (CANA)--The Health Ministry is warning Dominicans to be on guard against dengue fever. Health officials said they had received reports of an outbreak of the disease in St Lucia and the Dominican Republic. Dengue fever is an acute virus disease spread by the Aedes Aegypti mosquito and characterised by fever, eruptions and severe pains in the joints. The Ministry warned residents to take measures to minimise the breeding of mosquitoes in and around their homes. It advised householders to keep flowers and houseplants in sand instead of water, screen all water containers, and to get rid of stagnant water. [Text] [Port-of-Spain DAILY EXPRESS in English 17 Dec 86 p 19] /9274

CSO: 5440/045

BRIEFS

AIDS CASES AMONG FOREIGNERS--A private hospital recently declared a state of emergency after the arrival of a foreigner working in Cairo who was stricken with the disease AIDS. It is also said that his colleague, also a victim of the same disease, died some days previously. This news caused a panic in the foreign embassy of the two AIDS victims, and the embassy made contacts with its foreign ministry, fearing the spread of a new scandal. It is said that the foreign ministry of this embassy is going to test all of its nationals working abroad before their departure to ascertain that they are free of AIDS. "Little Bird" implores Dr Raghib Duwaydar, minister of health, to determine the truth of this news and to take any necessary measures. [Text] [From the al-'Asfurah [Little Bird] gossip page: "Is It True?"] [Cairo AL-WAFD in Arabic 4 Dec 86 p 2] /9365

CSO: 5400/4604

BRIEFS

ARMY TUBERCULOSIS CASES--Salonica--Tuberculosis is making many victims in the army. Tuberculosis cases among new recruits are double those found among civilians. This was stressed yesterday at the opening of the Pan-Hellenic Conference on Chest Diseases which is taking place in Salonica. Specifically, it was reported at around-table discussion that out of 100,000 soldiers, 143 were found to suffer from this "social" disease, while the rate among civilians is 70 out of 100,000. According to data brought up at the conference, Greece continues to be the European country with the highest incidence of the disease. Two nomes occupy first place, those of Florina and Serres. [Excerpt] [Athens I KATHIMERINI in Greek 14 Dec 86 p 3] /7358

CSO: 5400/2419

BRIEFS

NEW CMO--At the Opening Ceremony of the new acute psychiatric Unit at the General Hospital on Wednesday, Health Minister Mr Danny Williams announced the appointment with effect from 1st November of Sri Lankan Dr H Jesudason as Chief Medical Officer, succeeding Dr F.C Alexis who is now a consultant to the Ministry of Health. The Minister also announced the appointment of Dr Lloyd Alexis as Medical Superintendent; and made reference to the presence on the staff of Dr Ronald Lendore as Gynaecologist/Obstetrician and Dr Bert Brathwaite as Consulting Physician. [Text] [St Georges THE GRENADIAN VOICE in English 8 Nov 86 p 3] /13046

CSO: 5440/031

BRIEFS

CHOLERA OUTBREAK 'UNDER CONTROL'--Bissau, 12 Dec (ANG/PANA)--Guinea-Bissau's health authorities now have the situation under control in Sao Domingo, in the Caheu Region (north of the country), where two outbreaks of cholera were reported in November. Paulo Medina, the permanent secretary of Guinea-Bissau's Ministry of Public Health, made this announcement to the country's news agency ANG on 11 December. Mr Medina stated that two cases occurred on 18 and 25 November in the villages of Bjiqe, Lia, and Djobel leaving 48 dead. [sentence as received] The permanent secretary of the Ministry of Public Health also stated that the majority of the reported cases were adults. Only two children aged 11 and (?4) were affected, he indicated. Mr Medina specified that it was the first time the country had been hit by an outbreak of cholera but was unable to determine the origin, assuming that it might have originated from neighboring countries where several cases of epidemics have been reported. [Text] [Dakar PANA in French 1500 GMT 12 Dec 86 AB] /12624

CSO: 5400/75

REGIONAL HEALTH OFFICERS MEET, STUDY PROBLEM AREAS

Georgetown GUYANA CHRONICLE in English 24 Nov 86 p 5

[Text] THE two-day, third quarterly evaluation conference of regional health officers and programme heads at the Mediex Centre, Ministry of Health, Lilendaal, concluded Saturday with further presentations of various health reports and discussion sessions.

Senior Minister of Health, Dr. Richard Van West-Charles, who opened Friday's session, challenged officials to make the health sector more vibrant and "aggressive."

He called for more integration within the community and said that, "officials should look more to the community", and get people more involved in the health programmes. Such a joint "team approach", he added, would also help to change attitudes through the dissemination of proper information.

Communication is important, the Minister stressed, noting that the media and particularly newspapers can play an important role in the success of national health plans.

Several comprehensive reports by regional health officers were presented at last Friday's first sitting.

Regional health officer of Regions Seven and Eight, Dr. E. Sagala, in delivering his report, spoke of developments within these regions, among them, a new health centre at Itaballi—an important and strategic point. The centre which will become fully operational in January next year, allows for the quick and reliable diagnosis and treatment of miners and other persons for various diseases.

Such an outpost is crucial since disease carriers can be identified and treated, preventing the spread of disease.

Region Seven (Cuyuni-Mazaruni), has also obtained a new X-ray unit, while the Bartica Hospital is to regain the services of a dentist. Meanwhile, the area is serviced by a visiting dentist who travels there every three months for bi-weekly periods.

The region's immunisation programme has also had satisfactory success since over 70 per cent of school children and adults in Region Eight and 90 per cent in Region Nine have been immunised.

In his report, Dr Sagala recommended that several measures be taken to deal with the malaria situation in the area. Among them are the training and deployment of more microscopists; social education talks on the prevention, symptoms and treatment of the disease; and the notification of the Police or other authorities regarding reported cases.

Present at the opening session Friday, were Permanent Secretary, Ministry of Health, Claude Philadelphia; Chief Medical Officer Dr. Enid Denbow; Director, Regional Health Services, Dr Winston Gobin and other local and foreign health officials and representatives.

/9274
CSO: 5440/036

MALARIA CONCERNS CONTINUE; VENEZUELAN TEAM ASSISTING

Mosquito Trail, Related Threats

Georgetown CATHOLIC STANDARD in English 2 Nov 86 pp 1, 3

[Text]

THE CATHOLIC STANDARD of Oct. 12 last had reported two cases of malaria that were of unusual interest.

In both cases, the patients, a 29 year-old woman from Industry who works at U.G., and a little boy of six or seven from Guyhoc Park who attends St. Ambrose School, appeared to have contracted malaria on the coast.

Neither had travelled to the interior.

Since then the Standard has learnt that another case of coastally contracted malaria has been confirmed.

This time the patient is a young man from Alexander Village.

Like the other two cases, his malaria was also of the plasmodium falciparum type, which can cause cerebral damage and is a killer.

The mosquito in Guyana which is the best known carrier of malaria, the anopheles darlingi, had been eradicated from along the coast many years ago, through the painstaking efforts of Dr. Giglioli.

The Catholic Standard of Oct. 12 had stated that if the malaria vector (or carrier) was again taking root on the coast government certainly had cause for alarm and would have to take immediate emergency measures.

A joint Ministry of Health/PAHO team which went into Industry and Alexander Village for a few nights to monitor the strains of mosquitoes in those areas, however found no anopheles mosquitoes of any kind, whether of the darlingi or aquasalis strain.

The anopheles aquasalis mosquito, which unlike the anopheles darlingi attacks animals as well as humans, can also spread malaria, but is apparently not as good a carrier as the house-residing anopheles darlingi.

Since the Ministry/PAHO team found no anopheles mosquitoes, how these three persons contracted malaria on the coast remains a mystery- at least for the time being.

But certainly, in view of the density of the coastal population, such a situation obviously still calls for constant and strict monitoring, especially since dry weather as well as transportation problems may have prevented the team from finding any anopheles mosquitoes.

The Ministry of Health is reportedly carrying out a survey along Middle St. and Durban St., looking for mosquito larvae, including that of the aedes albopictus, which carries denque fever, and which in lab trials has proved to be a better carrier of yellow fever than the aedes aegypti mosquito found in Guyana.

The albopictus is a South East Asian mosquito which was found in the Americas for the first time ever in 1984, apparently imported into the USA in used car tires.

These mosquitoes love to lay their eggs, which could remain dry and dormant for a long time, in used tires.

Imported into the US, these tires were re-threaded in Broomsville Texas, and re-sold

It was then found that the mosquito had spread even to neighbouring states, such as Louisiana, and an alert was sent out.

This is of concern to the Guyana health authorities for three reasons:

1) Because the albopictus has now spread ever further--it was found in neighbouring Brazil only this year.

2) Because of a possible threat of yellow fever, if the lab trials prove accurate.

Although yellow fever is found in our jungle areas in monkeys, the aedes aegypti mosquito is strictly an urban dweller, and therefore this disease has so far remained dormant in Guyana.

The albopictus however dwells naturally in both forest and urban areas, and will therefore bridge this gap between gungle and city.

3) Because of the threat of dengue fever.

Several forms of what is known as dengue shock syndrome have been found in South East Asia before but not in this area. However, one or two cases are now appearing in the Caribbean.

Dengue is normally a benign disease, but one particular strain causes internal bleeding, haemoraghic dengue.

An outbreak of this in Cuba for the first time ever a few years ago hospitalised around 350,000 persons, and caused a large number of deaths.

Venezuelan Visitors

Georgetown SUNDAY CHRONICLE in English 23 Nov 86 p 1

[Text] A three-man specialised Venezuelan health team is now in the country to assist the Ministry of Health in its malaria eradication programme.

The team arrived on Thursday, November 20, and comprises Malaria Adviser, Venezuela's Malaria Programme Dr Lacenio Guerrero, Chief of the Venezuelan Malaria Statistical Unit, Levi Borges and Sanitary Inspector in Bolivar (a Venezuelan state bordering Guyana) A-Texeira.

During their two-week stay the three experts are expected to study and analyse the local malaria situation. They will also meet with local health personnel and hold discussions.

According to Medical Officer of Health, Vector Control, Dr Keith Carter the team, whose visit was made possible through a co-operation and assistance agreement between Guyana and Venezuela, will seek to collaborate with and help local malaria officials.

The team is also expected to hold talks with top Ministry of Health representatives on ways of fighting the disease, several cases of which have been

reported in the Bolivar state. This is particularly important since this Venezuelan state borders Guyana, and thus the risks of the disease spreading to greater proportions are always possible.

It is hoped that such talks will also result in meaningful recommendations for the control and monitoring of the disease.

Vector Control Service Actions

Georgetown SUNDAY CHRONICLE in English 23 Nov 86 p 8

[Article by Joel Persaud]

[Text]

THE VECTOR Control Service of the Ministry of Health has stepped up surveillance activities on the Coast after the recent detection of four cases of malaria on the Coastland.

Investigations conducted by the Ministry suggest that these persons were affected on the Coast, an area which has been considered free of the disease. A continuous search on the Coastland for the foci of the female Anopheles mosquito, carrier of the disease, has proven futile.

Malaria is a (tropical) disease caused by a parasite which invades the red blood cells. In Guyana there are two prominent species of the parasite— Plasmodium Falciparium and Plasmodium vivax. Both parasites are spread only by the female Anopheles mosquito.

In recent years there has been a constant increase in the number of malaria cases in the country. And statistics from the Vector Control Services reveal that the increase has been a significant one, from a relatively low 2 000 cases in 1983 to 7 900 last year to over 9 000 cases for this year so far.

What is of significance is the fact that in the past, Region 9- Upper Takatu/ Upper Essequibo accounted for most of the malaria cases in the country. That trend has changed as now many cases of malaria have been occurring in persons residing in Region 7- Cuyuni/ Mazaruni and Region 1- Barima/ Waini.

In an interview with the *Chronicle*, Head of the Vector Control Services of the Ministry of Health, Dr Keith Carter said that the situation in Region 9 is under control. The programme there was greatly boosted with increased transportation facilities made available through a UNDP grant last year. There was an epidemic in the Arakaka area of Region One earlier this year but the situation there is now stable. However the situation in Region 7 is still the cause of concern he said.

Dr Carter advanced several factors as being responsible for the increase in the cases of malaria in the country.

According to Dr Carter, the steady movement of people, especially miners from one region to another and the increasing travel by persons to neighbouring countries have seen the parasite spread over wide areas. He explained that the anti-mosquito measure which is being used is residual DDT spraying, applied to interior walls of buildings. Many of the miners in the hinterland live under tarpaulin tents without walls, thus rendering this spraying measure ineffective.

In areas where spraying is possible some persons casually wipe off the DDT thus making the anti-mosquito measure useless. Further, many persons reside in areas of the interior which are inaccessible to the staff of vector control.

There is also the problem of non-compliance by persons in taking prescribed dosages of malaria tablets. Those receiving preventative drugs sometimes discontinue usage after returning from malarious areas. The safe practice is continuing use for some weeks after returning from these areas.

The use of chloroquine as an anti-malarial drug over an extended period has resulted in what is known as chloroquine resistant Plasmodium falciparium. As a result of this development the treatment of malaria cases sometimes necessitates the use of other drugs. These drugs must be imported, and given our foreign exchange limitations there have been difficulties in securing adequate supplies on occasions, said Dr Carter. However a quantity of drugs has arrived and additional supplies are expected.

The Ministry of Health has taken several steps to correct the present situation. The Malaria programme which in the past had been a vertical one, operated centrally from Georgetown is being re-structured to integrate vector control into the Regional Health Services

Following discussions between the Minister of Health Dr Richard Van West-Charles and PAHO/ WHO, a consultant from that organisation visited Guyana in October and conducted a training course in microscopy. Medex, multi-purpose technicians, army staff, laboratory technicians from the Georgetown hospital as well as from private hospitals received this training in microscopy, which equipped them to diagnose and treat malaria cases. Many of these workers will be stationed in the interior in places not previously served like Kamarang, Enachu, Mabura, Waramuri, Moruca.

At present another PAHO/ WHO consultant, Malariologist, Dr. Borges is in the country assisting the programme. In addition agreements have been signed with the USSR to supply insecticides and to make available epidemiologists specialised in malaria to assist the malaria programme here.

Venezuela has also donated a quantity of drugs to Guyana and a team of Malariologists from that country is expected here next week to work along with local staff.

It should be noted that a 1986 PAHO publication "Malaria Control in the Americas: A critical Analysis." cites countries of Brazil, Suriname, French Guiana and Guyana as those with increasing malaria cases. It states that "vector control methods is a basic challenge due to the ecology of large areas of tropical forest and savannah in places with new settlements."

And as Dr Carter pointed out, malaria cannot be eradicated from Guyana if the disease continues in neighbouring countries. A combined effort by all countries is necessary to fight the disease. The Anopheles mosquito knows no geographical or political borders, said Dr. Carter.

The symptoms of the two types of malaria are the same — fever, headache, loss of appetite vomiting, pains in the joints and ague. However treatment differs for each specie. All treatment at the Vector Control and Government hospitals and health centres is free.

The Ministry is therefore advising that at the first sign of fever those persons with a history of travel to the interior should contact their nearest hospital or health post.

Dr. Carter warns that malaria is a serious disease which if untreated can result in death. Auto medication is also extremely dangerous.

The Ministry of Health is recommending that persons planning trips to the interior of Guyana should first contact the Malaria Division for advice on the status of the area of the planned visit and appropriate protective measures taken. A mosquito net should be part of one's luggage.

It should be borne in mind that increasing malaria cases is not confined to Guyana alone, but it is common in many countries in the Americas, Africa and Asia.

/9274
CSO: 5440/036

THALLIUM SULPHATE PESTICIDE POISONINGS INVESTIGATED

Georgetown CATHOLIC STANDARD in English 16 Nov 86 p 4

[Text]

IN THE LIGHT of the continued high incidence of cases of thallium sulphate poisoning, the Catholic Standard has again approached Guysuco on what policy the Corporation intends to pursue with regard to the importation and use of this and other pesticides in the future, and on the possible need for even stricter storage and safety regulations.

The Standard has reported 44 cases of thallium poisoning for the year, and is continuing to hear of others.

One foreign doctor told the Standard last week that he knows of no other country where so many cases occur.

How this pesticide seems to be getting into the hands of the public and contaminating food such as flour or salt remains a mystery that needs to be solved urgently.

Persons from all sectors of society seem to have been affected.

In the issue of Oct. 19, the Standard reported the case of one unsuspecting family which had bought Robin Hood flour from Stabroek Market, which, when analysed, was found to contain a high percentage of thallium.

On Aug. 16 last, in the light of its reports on the thallium cases, and "in the interests of the people's welfare", the Standard had written to a cross section of the agricultural community, to Guysuco, to the Rice Board and to one private farmer, Mr. Kayman Sankar, as well as to Guyana Stores, requesting information on the importation and use of pesticides.

Prompt replies were received from Guysuco and Guyana Stores and published in the Standard of Aug. 31, but to date, thirteen weeks after, the Standard is still awaiting replies from the Rice Board and Mr. Sankar.

In its reply, Guysuco had stated that balancing its wide range of responsibilities, it must continue to use toxic materials in its operations as other industries do throughout the world, but that the Corporation would unreservedly join with all concerned persons to warn of the dangers involved through any lapse in observing regulations or in any attempt to pilfer these materials.

Since cases of thallium poisoning have continued to occur, however the Standard again approached Guysuco two weeks ago, and was informed that the Corporation is looking into the possibility of alternative pesticides, or of colouring the thallium to make it more easily identifiable.

The following reminder has also been sent to all estates by Guysuco:

"Recently there has been tragic loss of human lives reportedly due to accidental thallium sulphate poisoning. This has prompted me to reiterate the security measures that are needed particularly when estates' allocations are being moved from the Central Depot, Ogle.

In the case of the highly toxic rodenticides (e.g thallium sulphate and zinc phosphide) that are transported in relatively small quanti-

ties, a strong-box should be provided by the estate and sent with an open padlock. The Superintendent-in-Charge at the Formulation Plant would then secure the padlock, the keys for which would be held by responsible estate personnel.

These poisons would then only be dispensed for estate bait preparation in the presence of responsible Supervisory Staff."

The Standard has also suggested that Guysuco import the antidotes for the pesticides it uses, and the Corporation has expressed an interest in receiving from the Standard the names of these antidotes, as well as a list of pesticide precautions and safety procedures which the Standard had been given by one U.G lecturer who had done much pesticide research in England.

/9274
CSO: 5440/036

REPORTS LINK AIDS TO U.S. GERM WARFARE EXPERIMENTS

'More Credible Than Guesswork'

Bombay THE TIMES OF INDIA in English 17 Nov 86 p 8

[Editorial: "Germ Warfare and AIDS"]

[Text]

Recent reports of a controversy amongst biologists over the origin of the AIDS virus should make all those concerned about the grave dangers of germ warfare sit up and take notice. A number of scientists, including Dr. John Secale, a British expert on the dread disease, have challenged the widely believed claim that the AIDS virus originated in the Central African green monkey; they argue instead that it was genetically engineered in a U.S. Army laboratory at Fort Detrick, Maryland, and probably spread in that country and the rest of the world through accidentally infected researchers or prisoners, who might have been tested in the bacteriological weapons facility. The biologists contend that there is no known animal virus with all the features of the HTLV-1 germ and that the AIDS organism is a combination of parts of the genetic material in the Maedi-Visna virus found in sheep, with parts of the bovine leukamia virus. It is impossible for a lay person to comment on the veracity of these claims or to interpret structural differences between the AIDS organism and naturally occurring viruses. What is pertinent, however, is that the new arguments are far more credible than the guesswork on which the earlier theory of the origin of AIDS was based. It is conceivable that such deadly germs are being manufactured through genetic manipulation and that some of them are liable to leak out of laboratories, whether accidentally or otherwise.

Indeed, it is known that the U.S. has a sizable programme for the development of germ warfare agents; that 17 years after President Nixon outlawed bacteriological warfare research Mr. Reagan revived it under the guise of a so-called "defensive" programme; and that country is now annually spending $ 66 million on it, or five times the amount earmarked five years ago. There have been allegations of "disappearance" of substantial quantities of deadly biological toxins and pathogens from U.S. laboratories. It is also known that the Pentagon is pressing for

a special facility in Utah for testing Anthrax, Yellow Fever and Bubonic Plague germs. All this suggests that new advances in Biotechnology and genetic engineering are being rapidly militarised. The consequences of this are too horrifying to contemplate. These deadly germs represent, like nuclear weapons, agents of mass annihilation. The only thing to do with them is to ban and get rid of them. This is precisely what the Bacteriological and Toxic Weapons convention of 1972 sought to do. But as a review in September revealed, breaches of the convention have been frequent and that President Reagan's U.S. has been reluctant to give up its germ warfare programme.

Press Treatment Reviewed

Bombay THE TIMES OF INDIA in English 19 Nov 86 pp 1, 9

[Article by Gharat Bhushan]

[Text]

NEW DELHI, November 18.

THE U.S. government has denied that its scientists engineered the virus responsible for causing AIDS (acquired immune-deficiency syndrome).

Its denial has come in the wake of a spate of reports claiming that the AIDS virus was a product of U.S. army's genetic engineering experiments related to biological warfare. The Americans claim that these reports are the product of a Soviet "disinformation" campaign designed to mislead the public.

The story of the AIDS virus being a U.S. creation is quite bizare — originating allegedly in a New Delhi-based daily and then doing the rounds of the Soviet newspapers quoting each other with new "sources" being gathered along the way.

According to the state department, the claim that the AIDS virus was engineered in the U.S. was first made in October, 1985, in "Literaturnaya Gazeta", a Soviet weekly. According to this report, U.S. servicemen who had been used as guinea pigs in the military's genetic engineering experiments were responsible for spreading the disease.

The Soviet paper cited as its source a report that had supposedly appeared in "Patriot", a New Delhi-based newspaper.

The Americans claim that the editor of "Patriot" told them that no such story had appeared in his paper. However, when I met the editor today, he said that he had not issued any categorical denial but had offered to look up the files for them. (When I asked him whether the story had in fact appeared, he once again offered to look up the files. He said that doing so would take about ten days).

On November 15, 1985, the U.S. government submitted a letter of protest to the editor of "Literaturnaya Gazeta" but apparently it was not published.

The story was, however, picked up from "Literaturnaya Gazeta" by several news agencies and began to appear in a number of newspapers worldwide. It reappeared in the Soviet press in 1986 in the April 27 issue of a general interest daily, "Sovyetskaya Rossiya". This time an additional "source" was cited in terms of a book written by Jacques Leibovich in 1984 claiming that the AIDS virus could have been created during biological warfare research. The Americans claim that Leibovich's story is patently untrue.

The story surfaced once again in "Literaturnaya Gazeta"on May 7, 1986. Reference was made this time to a London-based doctor, John Seale, who has frequently claimed that the AIDS virus was a biological weapon. The story was repeated once again "Sovyetskaya Rossiya" on June 8, 1986.

Towards the end of August, the AIDS virus story reappeared in Harare during the non-aligned summit. A pamphlet entitled "AIDS: U.S.A. homemade evil, not made in Africa" was circulated among delegates and media personnel. The authors of the pamphlet were said to be Dr. Ronald Dehmlow, Prof. jakob Segal and Dr. Lilli Segal.

They claimed that the allegations that AIDS had its origin in Africa was a racist decoy operation and that AIDS appeared in the U.S. in 1979 in the wake of the opening of a biological research laboratory for military use at Fort Detrick in Maryland in 1977. Considering that the first AIDS cases in Europe and Africa were reported nearly two to three years later, the authors concluded that the AIDS virus could not have come from anywhere else but the U.S.

The distribution of the pamphlet and its broad conclusions were picked up by various news agencies including UNI,and was used by papers in India. On September 21, the English language Service of Prague Radio, apparently revived the story quoting "French researchers" Prof. Jakob Segal and Dr. Lilli Segal. On October 10, the Soviet news agency Tass repeated the charges. This story was once again picked up by various third world newspapers.

But the biggest boost that this story received was on October 26, when it was published by "Sunday Express", London. Wire services picked up this article and it was once again repeated in newspapers worldwide.

On October 31, "Pravda" published a cartoon showing a man in medical garb handing over a beakerfull of Swastikas suspended in liquid to another man in U.S. military uniform. The man in uniform is shown handing the doctor a wad of dollars. The label on the beaker says "AIDS virus" and several corpses lie at the feet of the two men.

The stories started doing the rounds of Indian newspapers once again in the

first week of November. "Patriot" carried a despatch from its London correspondent, Gordon Schaffer, on November 7. Schaffer quoted approvingly from the "extreme right" "Sunday Express" but claimed that the "scoop" had rightfully been "Patriot's" because three years ago it had made a similar claim.

The earlier "Patriot" story, according to Schaffer, had been based on reports of "an American microbiologist who had to remain anonymous."

"Patriot" followed up Schaffer's report the next day by a story "AIDS genesis: racist deception operation" from IPA service. This too quoted "French scientists" Jakob and Lilli Segal. The same day "Blitz" reproduced the "Sunday Express" story on its front page. Two days later, on November 10, "The Hindustan Times" used the Segal story but only to publish an editorial on November 11 claiming that it was clear that AIDS being a U.S. creation was part of a "disinformation" campaign.

"The Times of India" in an editorial on November 17 said that although it was impossible for a lay person to comment on the veracity of such claims, "the new arguments are far more credible than the guesswork on which the earlier theory of the origin of AIDS was based."

In the meantime, a number of western newspapers had begun questioning the basis of the AIDS story and the credibility of the people who had put it forward.

Writing in "The Guardian", Lodon, on October 27, Andrew Veitch, their medical correspondent, questioned the veracity of the "Sunday Express" story of the previous day. He claimed that Dr. John Seale, a Harley Street consultant, quoted by "The Express" had "at various times blamed both the Americans and the Russians for engineering the virus and releasing it accidentally in Africa." He cited leading virus experts, includiing a senior Russian AIDS specialist, Dr. Viktor Zhadanov, as having dismissed Dr. Seale's claims.

On October 31, "The Times," London. carried an article by Iain Elliot, editor of "Soviet Analyst." He too claimed that "The Sunday Express" story was based on poor evidence including that of Jakob and Lilli Segal, who as it turned out were not French but lived in East Berlin.

The Segals, according to the Americans, also taught in Cuba for approximately three years in the late 1960s. "The Sunday Express" story, however, describes Prof. Segal as holding "no political beliefs or views at all."

That the campaign has hit home is evident from the fact that officials of the United States Information Service have had to visit newspaper offices pointing to the attempted "disinformation." They draw attention to the sequence listed above, and in this they have facts on their side.

But they too are not beyond stretching an argument. Thus while "The Guardian" story about the lack of credibility of Dr. John Seale forms an important part of their rebuttal, Andrew Veitch's report is not quoted in full by them. A detailed reading of the original report actually points to what could have been the basis for the alleged "disinformation" campaign.

Veitch quotes a biological warfare expert, Dr. Alastair Hay of Bradford university, to say that he found the defence department testimony to Washington appropriations committee in 1969 showed that the U.S. army was indeed considering making such a bug.

"The Guardian" quotes the defence department testimony as follows:

"Within the next five or ten years, it would probably be possible to make a new infective micro-organism which could differ in certain important respects from any known disease-causing organisms.

"Most important of these is that it might be refractory to the immunological and therapeutic properties upon which we depend to maintain our relative freedom from infectious disease."

This testimony could very well be the basis for claiming that the micro-organism being developed was the AIDS virus. "The Guardian" report also claims that although the AIDS virus is genetically related to a sheep bug called visna virus, almost all western AIDS specialists believe that the AIDS virus mutated naturally and spontaneously from an animal. "The Guardian" concluded that this probably happened in Africa and possibly in a monkey.

By now two inferences can safely be drawn. First, the manner in which this particular story has appeared and spread strongly points to a systematic, Soviet-inspired, and by now fairly successful disinformation campaign. Second, we have not heard the last of this controversy because there is as yet no convincing evidence of the AIDS virus having either originated in monkeys in Africa or having been artificially created.

Health Minister's Remarks

Calcutta THE TELEGRAPH in English 27 Nov 86 p 5

[Text] New Delhi, Nov. 26 (UNI): Indian experts have said there is no definite evidence that the AIDS virus is the result of biological warfare experiments, the health and family welfare minister, Mr P.V. Narasimha Rao, told the Rajya Sabha today.

Mr Rao said it would therefore be most improper for the Indian government to make any complaint of this nature to the United States.

The minister denied that there had been any decline in blood donations following the discovery of AIDS. He said his statement was based on studies carried out in Delhi "and some other places." Mr Rao said the Indian Council of Medical Research was trying to contact the two US researchers who said AIDS was a result of failed biological warfare research for facts.

/9274
CSO: 5450/0049

EXPERTS URGE DELHI TO DIFFUSE AIDS PANIC

Calcutta THE STATESMAN in English 22 Nov 86 pp 1, 9

[Text]

THE Centre has been advised by medical experts to pursue its AIDS surveillance programme with less fanfare. In a recent communication sent to the Union Minister for Human Resources, Mr P. V. Narasimha Rao, the Indian Council of Medical Research authorities have suggested that the country-wide panic generated by media reports be gradually diffused.

The suggestion follows a series of debates in New Delhi during the past few months in which quite a few medical experts wondered whether the disease was being over-emphasized. Several scientists felt that in view of its low incidence in India so far, AIDS should not be given undue importance.

That the panic is widespread can be gauged from the letter the Union Health Ministry received from the Prime Minister's Secretariat on September 19 this year. The Ministry was told that Mr Rajiv Gandhi felt that the problem was "serious" and that he was "concerned". The letter mentioned that Mr Gandhi was not sure "enough" had been done in this area.

Several queries were made in the letter. Mr Gandhi wanted to know whether the confirmed cases revealed any distinct behavioural pattern and how much cost the Government would incur if all blood donors in the country were tested for AIDS. The Prime Minister asked if there was any need to intensify the publicity-cum-education campaign.

The Indian Council of Medical Research is the policy-making body for AIDS surveillance in India. It has recently been saying that AIDS is not widespread enough here to cause anxiety. The council has pointed out that till October 13 this year, as many as 16,961 people were screened for AIDS and only in 35 of them has the infection been confirmed by the "Western Blot" test.

The ICMR authorities feel that in India, where "under-nutrition" is common, the emphasis should be on combating tuberculosis, diarrhoeal ailments and parasitic and skin infections. Representatives of several State Governments who attended the meetings in the capital were surprised at this "change" in the ICMR's attitude towards AIDS.

Of the 35 victims detected in India, three are men and the rest women. Of the three men, two had undergone blood transfusion in the USA and subsequently died of the disease in India while the third is an African student and only a carrier of the "Human Immune-Deficiency Virus". Thirty-one of the 32 women are prostitutes and the lone housewife victim had undergone blood transfusion in Abu Dhabi.

Though all the 35 people carried the infection, the disease was manifest in few of them and only two died. The recently reported AIDS case in Ahmedabad has not yet been confirmed.

What has encouraged the ICMR is that samples sent from India to a U.S. specialist proved that there was not much cause for worry. In none of the six samples sent to Dr Richard Kaslow of the National Institute of Allergy and Infectious Disease, USA, was a positive isolation obtained. Dr Kaslow, incidentally, has been training people in diagnosing and investigating AIDS cases.

The ICMR has recently suggested that it would be better "periodically" to "review the situation and modify the strategies appropriately". This will enable scientists, according to the ICMR authorities, to investigate the problem "in a quiet manner without generating undue anxiety in the minds of the people".

The council has also decided to "streamline its activities and redeploy the requi-

site resources and manpower in a judicious manner in place of the earlier proposed network of screening centres". his decision is considered vital as 31 screening centres have already been identified in various parts of the country and 17 of them have already started functioning.

The target for screening 75,000 to 100,000 people during 1986-87 will not be attained as the surveillance centres are yet to be equipped with Elisa kits and other necessary equipment. The revised target for screening 35,000 people by March '87 will also be difficult to fulfil as fewer than 20,000 samples have been tested so far.

The ICMR has proposed that the Centre spend Rs 8.9 crores on AIDS surveillance during the remaining period of the Seventh Five Year Plan. The proposal includes the establishment of an AIDS cell, setting up of a Central survey team, procurement and supply of kits and laboratory equipment, training of personnel and health education.

The Government has also asked all blood banks in the country to screen professional blood donors for the 'Human Immune-Defficiency View' antibody. This is, however, expected to meet with limited success. It is feared that such screening may lead to less blood being donated. The import of diagnostic reagents for AIDS have also been made duty-free.

All hospitals have been advised strictly to adhere to sterilization procedures and to use disposable syringes and needles as far as possible. In fact, the Government may shortly begin the supply of disposable syringes and needles to hospitals in the country.

Directives have also been issued urging the universities not to admit foreign students without AIDS clearance certificates. All new foreign students being admitted should be subjected to medical examinations including AIDS tests, by the universities concerned within a mouth of their arrival in the country.

What baffles is that 30 of the AIDS patients are from Tamil Nadu. Twenty-eight cases have been detected at Christian Medical College in Vellore and two at Madras Medical College. Of the remaining cases, four were detected at the National Institute of Virology in Pune and one at the National Institute of Cholera and Enteric Diseases in Calcutta.

CSO: 5450/0055
/9317

PAPER REPORTS TREATMENT OF CITY'S FIRST AIDS VICTIM

Remanded To Jail

Calcutta THE TELEGRAPH in English 30 Oct 86 p 4

[Text]

Calcutta, Oct. 29: The Calcutta high court today directed the West Bengal government to make necessary arrangements within 10 days to admit Pyari Bai, alias Shyam Bai, the city's first confirmed AIDS victim, to hospital and keep her in segregation there.

A vacation division bench comprising Justice G.N. Ray and Justice N.K. Mitra said if the necessary arrangements were not made within the stipulated time, Pyari Bai, who is at present in jail, would be released. The order was issued following a petition filed by Pyari Bai's sister, Ram Bai, demanding her release.

The judges asked the police to request the director of West Bengal health services to ensure that Pyari Bai was properly quarantined and treated as a patient and not as an undertrial prisoner.

Pyari Bai, who lives in the Watgunge area, was found to be carrying the AIDS virus following tests conducted by the National Institute of Cholera and Enteric Diseases on blood samples taken from 358 prostitutes in the area. She was arrested by the police early this month.

On October 8, the subdivisional judicial magistrate, Alipore, remanded her to jail custody till October 30 in "public interest."

In their order, Justice Ray and Justice Mitra said an all-out effort should be made not only by the state govemment but by all concerned, including the Union government, to ensure that Pyari Bai was properly treated and the disease was prevented from spreading.

The judges said "under the existing law, Pyari Bai could not be detained simply because she was suffering from AIDS." But in the greater interest of the society, she should be quarantined without being treated as an undertrial prisoner, they added.

Health Department Scored

Calcutta THE TELEGRAPH in English 15 Nov 86 p 11

[Article by Soutik Biswas and Tapas Chakraborty]

[Excerpt]

On October 30, Pyari was produced before the subdivisional judicial magistrate's court. During interrogation, Pyari said no medical assistance had reached her in jail, but she was feeling "absolutely well." The magistrate agreed that unless the state government provided alternative arrangements, Pyari would have to be released. In a last ditch attempt to detain Pyari in jail, the state government made an oral prayer to the high court seeking an extension of her detention period so that the Centre could be approached for providing her with alternative medical arrangements. In a shamefully explicit admission of the state government's failure in segregating a patient of an infectious albeit dreaded disease,

the government representative pleaded that the necessary infrastructure for treating an AIDS patient was lacking in the state. Also, if the victim was admitted to any of the city hospitals, the doctors and staff might not attend to her out of sheer fright! The responsibility of treating an AIDS patient, therefore, lay with the Centre. The court rejected this argument flatly and within minutes of the hearing set Pyari free.

The Pyari Bai episode singularly typifies the inertia in the state health department's functioning. In retrospect, it seems that hastily sending Pyari to jail and flagrantly violating her human rights was the biggest *faux pas* that was made. Now that Pyari is missing, the government is on tenterhooks about a possible spreading of the disease, a senior health official said. The health minister, Dr Ambarish Mukherjee, frankly confessed to newsmen at Writers' Buildings that the state government had "nothing to do" with treating an AIDS patient. He felt that the responsibility of Pyari Bai's treatment should be vested upon the director general of the Indian Council of Medical Research (ICMR) and the Central health service. "We do not have arrangements for testing or treating an AIDS patient. So how do we keep her," Dr Mukherjee questioned.

If the state government is so utterly helpless, why has its School for Tropical Medicine been entrusted with carrying out AIDS tests? That the kits have still not arrived and only Niced has conducted tests is a different matter altogether. With Pyari Bai going about without treatment and still missing the need of the hour seems to be to trace her immediately and put her under intensive medical surveillance at a hospital or clinic.

/9274
CSO: 5450/0046

FAILURE TO SCREEN BLOOD DONORS FOR AIDS VIRUS NOTED

Calcutta THE TELEGRAPH in English 7 Nov 86 p 1

[Article by Debasis Aikat]

[Text]

Calcutta, Nov. 6: Government hospitals and most private blood banks here have failed to screen blood donors for the acquired immune deficiency syndrome (AIDS) virus. Pathologists and haematologists have expressed concern that the ill-equipped blood banks have also failed to implement foolproof laboratory safeguards against blood-transmitted killer diseases like hepatitis-B, malaria and syphilis.

It is learnt that the quality of "impure blood" sold by these banks further deteriorates because of unhygienic storage conditions causing fatal health hazards. It is hard to come by official statistics regarding death by blood transfusions. But unofficial estimates reveal that bad blood transfusions cause untimely death from malaria and hepatitis to more than 2,000 patients every year.

Doctors who feel that AIDS has already found its way to India, said the risk of the deadly disease was high in patients of haemophilia, aplastic anaemia and other severe forms of blood abnormalities. They cite cases of patients in Western countries who have died of AIDS following a blood transfusion.

A pathologist at the blood bank of Woodlands Nursing Home in south Calcutta said, "To prevent our patients from contracting AIDS through blood transfusion, we are testing every blood donor for HTLV-III. As this is a very sophisticated test, our rates per bottle of blood is higher, but this has not deterred the patient who wants good quality blood." Woodlands charges Rs 250 and Rs 300 for a bottle of Rh positive and Rh negative blood respectively. The amount is Rs 110 higher than the market price of blood not subject to an AIDS test.

Other private hospitals, like the Belle Vue Clinic, which "do not want to risk the far-reaching agonies of AIDS," consider detection tests for blood donors to be of paramount importance and plan to acquire imported test kits in the near future, a haematologist said. But the major hospitals and some private blood banks have chosen to neglect these tests because they neither have the infrastructure nor the finance necessary for opening detection units.

The director of the Central Blood Bank on the Medical College campus in College Street, Dr S.B. Dutta, admitted that they were not testing their blood donors for AIDS. Dr Dutta said: "At present, we do not require an AIDS test because the disease is hardly known in India. Moreover, the detection of AIDS antibodies is not a foolproof test for AIDS. We also have no government warning regarding the possibility of an AIDS epidemic."

Dr N.N. Sen, director of the School of Tropical Medicine and chairman of the state committee on AIDS, has a similar opinion. "In Calcutta, AIDS is more a scare." He said that considering the Indian lifestyle, the chances of an AIDS outbreak here were remote. He emphasised that under the present circumstances the state health department cannot afford to allot the highest priority to this "unnecessary panic."

But many specialists are genuinely worried. A doctor of the National Medical College and Hospital said, "The havoc that the AIDS virus can cause through bad blood transfusions is tremendous. There are many officials of the health department who like to wish it away, but the fact remains that there is a high risk of AIDS-infected patients in this port city. There is a growing threat from the city's thriving red light areas, especially in the port neighbourhood. Apart from this, there is a considerable flow of foreigners arriving and leaving the city. A blood donor can thus be easily infected. We should take every step to check it. It is a fallacy that Indians are safe from AIDS."

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CSO: 5450/0047

TRIVANDRUM LEADS WORLD IN INCIDENCE OF MOUTH CANCER

Madras THE HINDU in English 11 Nov 86 p 13

[Text]

TRIVANDRUM, Nov. 10.

Trivandrum leads the world in the incidence of mouth cancer.

This and other aspects of the occurrence of cancer in the country have come to light in the data collected over the last five years by the National Cancer Registry.

The incidence of cancer in India is 90 to 120 for every one lakh population, compared to the American average of 300. Despite the lower incidence rate, the actual number of cancer patients in India will be more than in America because of the larger population.

Stomach cancer in Madras: The type of cancer that is most common varies from place to place. Stomach cancer dominates in Madras and Bangalore, cancer of the mouth and lung is predominant in Bombay, while it is extremely low in Punjab. Throat cancer is common among the Assamese, according to the study.

In all the cancer registry areas, cervical cancer is the most common among women, closely followed by breast cancer. But in Bombay breast cancer is more common.

No statistical data on the occurrence of cancer in the country as available before the National Cancer Registry was started by the Indian Council of Medical Research in 1981. Now, there are three population-based registries in Madras, Bangalore and Bombay, and three hospital-based registries at Trivandrum, Chandigarh and Dibrugarh. The National Cancer Registry has been collecting data on cancer patterns in different parts of the country for the past five years.

Tobacco is the villain: The analysis of the data from Trivandrum shows that the city not only has the highest incidence of mouth cancer in the world, but that mouth and lung cancer are almost equally common among its men between 35 and 64 years of age. This is particularly alarming because this is the most productive period of a person's life and because lung cancer is not particularly amenable to treatment. The majority of the lung cancer patients die with in a short period. Use of tobacco—particularly chewing tobacco and smoking beedles—is said to be responsible for the extremely high incidence of these types of cancers in Trivandrum.

Even in Kerala, the most common affliction among women is the cancer of the uterine cervix. Among Christian women, breast cancer is the next most common occurrence but it is less frequently found in Hindu and Muslim women. Surprisingly, there is a high incidence of thyroid cancer, being the fourth most common type among women in the State.

Despite Kerala's high literacy levels, only a fifth of the cancer patients come to the regional cancer centre in Trivandrum in the early stages when, for most cancers, there is an 80 per cent chance of cure. This is attributed partly to the fear of cancer and treatment, and partly to the doctors' failure to refer patients to the centre early enough. As such, reorientation programmes are needed to make them aware of the problems of cancer treatment, according to a press release issued by the Regional Cancer Centre.

Meeting on Thursday: A meeting to review the progress of the National Cancer Registry is to be held in Trivandrum from November 13 to 15. Foreign experts, including Dr. Jan Stjernsward, chief of the cancer unit of the World Health Organisation, Dr. Oven, a WHO cancer expert, Dr. Hakama, chief of the Cancer Registry of Finland and Dr. John Young of the National Cancer Institute of the U.S. are expected to attend it.

Dr. Usha K. Luthra of the Indian Council of Medical Research, directors of cancer centres, and eminent statisticians and pathologists will also take part.

Besides, a special meeting to go into the statistical aspects of cancer registration will be held from November 10 to 12. There will also be a meeting of pathologists on November 11 and 12.

/9274
CSO: 5450/0048

PIGS BEING KILLED TO FIGHT ENCEPHALITIS

Colombo SUN in English 4 Dec 86 p 9

[Text] One hundred and eighty-five deaths due to one disease in about two months is enough to raise alarm and make a Government sit up. And that is what has happened in Tamil Nadu. Now with the encephalitis virus on the kill. The State has already reported 386 cases spread over nine districts. The health authorities have swung into action but many people think it is time for the Government to go in for prevention rather than cure.

Encephalitis, or brain fever, is nothing new to Tamil Nadu. Ever since the first discovery of the Japanese encephalitis B virus in the southern States in the 1950s, there have been annual bouts of the virus with the morality peaking almost in a cycle. The dangers increase when the virus surfaces in an epidemic form.

A study on the pattern of incidence, by Central helath agencies and the Directorate of Public Health and Preventive Medicine, Tamil Nadu, has provided basic data on the outbreak of the dreaded virus, but no concrete steps have yet been taken to prevent its occurrence.

Over the past decade—1977 to 1986—nearly 4,000 cases of encephalitis have been reported in the State with an average of 30 percent proving fatal. Its incidence is predominantly in the monsoon and post-harvest seasons, with a majority of the cases being reported from October to January.

The virus is not known to spread from man to man; it is carried by the Culex vishnui group of mosquitoes, either from infected birds or pigs. This virus prefers birds and animal blood and transfers the infection from ducks and some other birds in addition to pigs to human beings. Pigs serve as the multiplier host an ideal medium for the virus.

Stagnant water pools, either after the rain or in harvested paddy fields—when only the stumps are left—constitute the ideal breeding ground for the mosquitoes and a week's cycle proves adequate to infect the area.

Although young and old, men and women alike catch the virus, it hits children most; they also tend to succumb to the infection on account of the relatively low resistance or immunity.

A significant feature of the virus in Tamil Nadu has been its major outbreak in South Arcot and Tirunelveli districts, though other districts such as Tiruchi, Thanjavur, Salem, North Arcot and Dharmapuri have also reported a few cases. A look at the virus distribution pattern in the past 10 years shows that 66 percent of the affected cases have been reported in those two districts, which also account for over 70 percent of the deaths.

Of the 3,955 cases recorded in the period 1977-86, South Arcot and Tirunelveli accounted for 2,645, where 799 of the 1,117 deaths in the State have also been reported. Between the two districts, South Arcot is the worst affected with 1,843 cases' and 603 deaths during the same period.

During the decade, 1978, 1981, 1983, 1984 and 1986 (going by present indications) appear to have shown a markedly higher incidence, with 1981 being the peak--1,305 cases, out of which 287 were fatal.

This naturally made the health authorities take a serious look at the peculiarities of the two districts, notably South Arcot. The nature if agricultural operations, the lack of environmental hygiene, a noticeable pig population and the proximity in the case of South Arcot of two bird sanctuaries--Vedanthangal on one side and Point Calimere on another--have attracted the attention of entomologists.

The problem, doctors say, stems from the difficulty of early diagnosis of the virus as encephalitis, as many a virus fever progresses on the same pattern. The condition in villages and the rural health care centres can also be imagined. Symptoms such as head ache, high fever and fits, a mild stroke and so on, may be common in the case of a grup of virus fevers--all of which surface during the monsoon months.

Given the socio-cultural practices and supersitions prevalent in rural areas, the following problem is encountered typically: the rural folk take a few days before deciding to take the children to any hospital or doctor and often enough, this delay proves fatal. It is of the utmost importance to ensure that the fever does not cross, say the 104°F limit.

A peculiar phenomenon noticed in some of the villages, health authorities say, is the reluctance on the part of parents to keep the child in hospital once they sense that the end is in sight. They would rather take the child home alive. This seems to be related mainly to the difficulty of transportation--as if to add insult to the tragedy, taxis demand sky-high charges to transport a body.

Doctors feel that the worst is over, although the possibility of a repetition with the next major spell of rain cannot be ruled out. The deaths have tapered off and the mortality which ranged from 60 to 75 percent to start with, dipped to a less alarming 30 percent. But then there was hardly any rain in the past fortnight (at the time of writing).

What is more, India (like Japan once did) will perhaps have to go in for a two-pronged strategy, immunising both children and pigs--a rather tough proposition.

/9274
CSO: 5400/4703

RAJYA SABHA CRITICIZES WORKING OF HOSPITALS

Calcutta THE STATESMAN in English 22 Nov 86 p 9

[Text]

NEW DELHI, Nov. 21.—The working of public hospitals, particularly in Delhi, came under critical examination in the Rajya Sabha today. Many a horror story was related and the Opposition attacked the manner in which hospitals functioned.

The serious dimension that the criticism assumed was evdent from the Government preferring to call in the specialist to reply, rather than leave it to a general practitioner. For while Miss Saroj Khaparde, Minister of State for Health and Family Welfare, made the opening statement, it was the senior Minister, Mr P. V. Narasimha Rao, who took charge of the reply.

It took much of Mr Narasimha Rao's parliamentary experience to soothe the feelings that had been given vent to earlier. Rather than use the scalpel as the counter weapon he applied a gentle balm to effect the healing touch. While conditions had improved over the years, they were still far from what they should be. He called for health being given top priority and more funds to be made available.

The state of hospitals in the country had been raised as a call-attention motion by Mr V. Gopalsamy (DMK) and several others. In her opening statement, Miss Khaparde spoke of the growth of medical services in the capital, now the population: hospital bed ratio was higher than the national average, and listed the sophisticated facilities available for treatment.

She said two 500 bed hospitals had been added recently and a third would be opened in Rohini. Seven other 100-bed hospitals and 41 health centres would be set up during the current Plan period. She claimed that overcrowding was the result of patients' relatives being present in the hospital worked well and that there had been a "steady improvement" in services.

Most of the members who spoke thought otherwise. The veteran Mr A. G. Kulkarni (Cong-S) said that if the Minister's statement was publicly circulated the people of Delhi would laugh at it. The quality of hospital services were deteriorating, doctors were callous and corruption was rampant, he said. He felt that protecting hospital staff under the Industrial Disputes Act was a mistake.

CSO: 5450/0055
/9317

BRIEFS

RABIES STATISTICS QUESTIONED--Health and Family Welfare Minister P.V. Narasimha Rao admitted in the Lok Sabha on Thursday that the Government did not have any reliable data about the number of deaths due to rabies in the country. Mr Rao said in answer to a question by Mr Braja Moh n Mohanty (Congress) that the figures available with the Director General of Health Services put the average number of rabies deaths at 600 to 700 each year. However, he added that he felt this was a "gross underestimation and said that the actual figures might not be less than 10,000. He told the House that a pilot plant of anti-rabies vaccine based on the tissue culture technique XX--human deployed cell vaccine--had been set up at the Pasteur Institute of India at Caonoor. According to estimates the plant is expected to produce one lakh doses of vaccine by 1990. As far as the nervous tissue activated vaccines were concerned, they were being produced in 12 centres in the country and was not being imported at all, Mr Rao said. [Text] [New Delhi PATRIOT in English 5 Dec 86 p 5] /9317

VIRAL DISEASE DEATHS--Nagpur, December 1--The Maharashtra government informed the state legislative assembly today that 16 persons had died and 84 persons were admitted to the Government hospital in Nagpur due to polymiositis virus infection in the last two months. Replying to supplementaries on a calling-attention notice moved by Mr Namdeorao Kale and others, the health minister, Mr Bhai Sawant, said tissue culture and blood samples had been sent for analysis to the National Institute of Virology, Pune. [Text] [Bombay THE TIMES OF INDIA in English 2 Dec 86 p 3] /9317

KALA-AZAR TOLL--About 38 deaths out of over 10,000 affliction cases of Kala-Azar had been reported this year from West Bengal and Bihar. This was stated by the minister of state for health, Ms Saroj Kharpade. She said three cases were also reported from the capital and all of them had come from Bihar. [Text] [Bombay THE TIMES OF INDIA in English 20 Nov 86 p 15] /9317

YEAR'S ENCEPHALITIS TOLL--As many as 1358 people from seven States have died in the current year after being afflicted by the dreaded Japanese encephalitis, Minister of State for Health and Family Welfare Saroj Khaparde told the Lok Sabha. Uttar Pradesh and Andhra Pradesh were the most affected States with 533 and 367 encephalitis deaths respectively. Assam has so far had a toll of 358. This grim revellation came during a calling attention motion moved by Mr Zainul Basher, Mr A. J. V. B. Maheshwara Rao, Dr Chinta Mohan and Mr Harish Rawat. Miss Khaparde told the House that a total of 4053 cases of encephalitis had been reported from seven States this year of which 1549 were in Uttar Pradesh and 1338 in Andhra Pradesh. [Text] [New Delhi PATRIOT in English 21 Nov 86 p 5] /9274

ENCEPHALITIS IN CALCUTTA--Calcutta, 26 Nov--The councillor of ward number 73, Mr Anil Mukherjee, alleged here today that a resident of Harish, Chatterjee Street, in south Calcutta, was suffering from encephalitis. This was the first case of encephalitis reported in the city this year, he said adding that the patient had been admitted to a hospital. He feared an outbreak of the disease in the area, where pigs were being reared without proper authorisation. [Excerpt] [Calcutta THE TELEGRAPH in English 27 Nov 86 p 2] /9274

CHOLERA DEATHS REPORTED--Calcutta, 10 Nov--The expelled Congress(I) MLA from Ratua, Mr Samar Mukherjee, told newsmen here today that six persons had died of cholera at Mahanandatolla village in his constituency in Malda district. Alleging that there were no medical facilities in the area, Mr Mukherjee feared that the disease might break out into an epidemic. He informed that state health minister, Dr Ambarish Mukherjee, and the director of health services about the situation. [Text] [Calcutta THE TELEGRAPH in English 11 Nov 86 p 2] /9274

CSO: 5450/0050

BRIEFS

MALARIA ERADICATION METHODS--A Japanese malaria eradication research team has successfully discovered three methods to eradicate malaria mosquitoes on the eastern coast of North Sumatera. Marshland is turned into ponds for mosquitoes by releasing chemicals and (gobi) fish. Then, the marsh water is drained into the sea. Dr (Suzuki), a malaria researcher for the Asia-Pacific region who is assigned to North Sumatera to eradicate malaria in Asahan District, was briefing participants of a press tour visiting projects funded by the Japanese International Cooperation Agency [JICA]. According to (Suzuki), the three eradication methods are being tested to determine which one is the most effective to eradicate the anopheles mosquitoes. Local data show that 20 percent of the inhabitants along the eastern coast of Sumatera are positively infected with malaria. However, the percentage is now decreasing. [Text] [Jakarta Domestic Service in Indonesian 0700 GMT 14 Dec 86] /9604

BALI FREE FROM MALARIA--Denpasar, 13 Nov (ANTARA)--Foreign tourists who are willing to visit Bali need no more quinine tablet, as this region has been free from malaria disease, it was officially announced here Wednesday. Head of Regional Health Office I. Gusti Made Subandi made it clear in response to fear for communicable disease such as malaria aired by a few foreign tourists. Made Subandi said for tourists, the Bali administration had particularly stepped up services and the number of personnel of 14 public health centers located at tourists sites which are ready for any medical help. Bali has 83 public health centers supported by 286 sub-health centers that are ready to render services to all villages. [Text] [Jakarta ANTARA NEWS BULLETIN in English 13 Nov 86 p A3] /9274

DIARRHOEA, NUMBER 2 KILLER--Solo, 14 Nov (ANTARA)--Diarrhoea is number two killer in Indonesia, this year attacking 60 million of its population, 700,000 of them died. Seventy percent of the people who died of diarrhoea were 0-1 year old infants, head of the children's unit of the Surakarta hospital Dr Sabdo Waluyo disclosed here Wednesday. Despite the high figure, the number of deaths caused by the disease was lower than that of the 1984, he said in his capacity as chairman of the standing committee of a seminar on diarrhoea control to be held here November 17 to 22. The seminar is expected to come out with modern methods in diarrhoea eradication and treatment, he said. Around 300 physicians, scientists and officials of the Health Ministry are scheduled to attend the seminar. [Text] [Jakarta ANTARA NEWS BULLETIN in English 14 Nov 86 p A7] /9274

DETAILS GIVEN ON NATIONWIDE VACCINATION CAMPAIGN

Baghdad AL-THAWRAH in Arabic 9 Dec 86 p 4

[Article: "Second Phase Begun In Nationwide Vaccination Campaign"]

[Text] The second phase of the comprehensive national campaign for vaccinating children and pregnant women was begun yesterday throughout the country.

A source in the Ministry of Health stated that medical teams have begun to vaccinate against children's diseases--tetanus, measles, whooping cough, polio, and diptheria--in addition to vaccinating pregnant women against tetanus.

The source has appealed to the families of children and pregnant women who were not vaccinated in the first campaign about the necessity to be vaccinated in this campaign in order to immunize them against the above mentioned diseases.

The public health directorate in the governorate of al-Muthanna has mobilized 30 stationery centers and 24 mobile health teams to vaccinate 30,000 children throughout the governorate.

Supervising the progress of the vaccinations in a number of the health centers is Mr Mazhar Matni of al-Muthanna governorate and a number of officials.

The second phase of the comprehensive national vaccination campaign began in al-Najaf governorate and was implemented by the public health directorate through all the health centers for vaccinating children under 1 year of age.

The campaign for vaccination against the pregnancy sickness of tetanus was included in the Ministry of Health's 5-year plan for the welfare of mothers and children.

The second phase of the nationwide vaccination has been begun in Dhi Qar governorate.

Mr Jasim Salim Jasim, deputy governor of Dhi Qar governorate, and the doctor director general of health in the governorate visited a number of health

centers. There are 307 centers spread throughout the governorate and reinforced with all the necessities of the campaign. Participating in the campaign were the cadres of the governorate's general health directorate and popular and professional organizations.

The second phase of the comprehensive vaccination campaign began in al-Ta'mim governorate. It aims at innoculating children under 5 years of age who did not complete their vaccination in the previous phases of the campaign. Likewise, it is aimed at children born in 1986.

Thirty three stationary and mobile health teams in the governorate's health centers and 65 health teams in the rural areas will conduct innoculation activities for 3 successive days.

The health centers in Wasit governorate witnessed widespread acceptance by the citizens included in the campaign for taking shots against sicknesses. Participating in this phase were 127 stationary and mobile health teams composed of doctors and skilled health personnel.

Dr Nuhad Ibtar 'Umar, general secretary of the social affairs department in the Kurdistan district, visited a number of the health centers in Irbil and acquainted himself with the progress of the vaccination operation and the requirements mobilized by the governorate's health department in order to offer the best health services to the citizens.

Participating in the campaign were 200 mobile and stationary teams and 103 innoculation centers dispersed throughout the governorate.

Mr Namiq Raqib al-Surji, governor of Dahuk, visited a number of health centers and acquainted himself with the progress of the vaccination operation of the second phase which began yesterday in the governorate.

12502
CSO: 5400/4506

BABIES IN DUBLIN ARE LATEST VICTIMS OF AIDS

Dublin IRISH INDEPENDENT in English 1 Dec 86 p 1

[Text]

SEVENTEEN BABIES in Dublin have become victims of the AIDS epidemic — the second highest number of any city in Europe.

The babies are carrying the anti-bodies of the virus that causes the killer disease. They have contacted the virus through mothers who use heroin by injection or mothers whose sexual partners are drug addicts in-jected with the virus through dirty or contaminated needles, a senior authority on AIDS confirmed last night.

But although only Edinburgh in Scotland has a higher number of AIDS babies (22 victims), there will be no direct Irish input into EEC study to chart the progress of infants infected with the AIDS antibodies. The European Commission agreed to Fund the £2.2 million research programme involving doctors from West Germany, France, Belgium, the Netherlands, Italy and Britain.

The reason why both Edinburgh and Dublin have the high figures of babies with the AIDS antibodies is the extremely high proportion of intravenous drug abusers.

The revelation of Ireland's high incidence of AIDS babies comes on the day the *Irish Independent* publishes the first interview with an Irish AIDS victim. He is 23-year-old heroin addict David Tyrell from Crumlin who learned last January while in Mountjoy prison that he was AIDS antibody positive.

He tells of the harrowing day when prison officers handed him a slip of brown paper informing him he was an AIDS victim and he was told to take a black plastic bag and put his personal belongings in it.

"I was nearly crying when I was walking back to my cell because I couldn't believe it was happening to me", he says in an in-depth interview on page 8.

Meanwhile, the 17 babies infected by the AIDS anti-bodies are being monitored frequently at a city hospital.

How many will go on to develop the fatal disease is open to question. Estimates vary between 11 and 50 per cent, the latter figure being quoted by Irish AIDS specialists.

The EEC study will monitor infants who cvarry the anti-bodies from birth. It will chart their progress from birth and assess their chances of survival.

CSO: 5440/041
/9317

HEALTH MINISTER ANNOUNCES ANTI-AIDS PLAN

Rome LA REPUBBLICA in Italian 6 Dec 86 p 5

[Article by Daniele Mastrogiacomo: "AIDS, the Minister's Challenge; Donat Cattin Launches His Emergency Plan"]

[Text] To counter the spreading of the virus (461 cases) Health Minister Donat Cittin will initiate an information and health education campaign. Funds for research and specialized centers will be available. Fifty billion are to be spent in 2 years.

Rome--The AIDS emergency is knocking at the palace door. Data gathered by experts, terrible forecasts, the inability of science have broken down the wall of reserve, embarrassment and uneasiness, and the tendency to dismiss a phenomenon of world proportions. Yesterday the news announced the two most recent victims: a 2-year-old baby in Lecce and a 24-year-old young man in Varese. And, in the face of dramatic reality, the government is responding: the Higher Institute of Health has developed a program to intervene against the mysterious virus. Champion of the difficult fight is Minister Donat Cattin, who yesterday explained to the press the when and how of the offensive.

The Premises

AIDS is right here. Italy is not immune to the disease. The most recent data, obtained at the end of November, report that 461 persons are afflicted with the acquired immune deficiency syndrome. In the United States the figure has climbed to 30,000; in all of Euopre, to 3,500. Studies have established that the virus predominately strikes certain categories, considered to be "at risk": homosexuals (27 percent), hemophiliacs and those who have frequent transfusions (5 percent), children of parents who have tested serum positive (6 percent, that is, 22 cases). The spreading of AIDS is constantly increasing: cases double every 8 months. Estimates forecast that, at the end of 1987, we will have 1,000 sick persons in Italy. The mortality rate is about 52 percent, but within a 24-month period survival is zero percent. This means that persons afflicted with the virus can live between 9 months and 2 years.

A. Number of Cases of AIDS, by Regions

B. The incidence of sick persons with respect to the population:

Piedmont, 6 cases out of 10,000 inhabitants
Liguria, 1
Lombardy, 19
Veneto, 6
Trentino alto Adige, 2
Friuli Venezia Giulia, 3
Emilia Romagna, 11
Tuscany, 6
Umbria, 3
Marche, 3
Lazio, 12
Abruzzo, 1
Campania, 3
Puglia, 1
Basilicata, 3
Calabria, 2
Sicily, 1
Sardinia, 9

The Italian situation reflects the world picture. Conspicuous at the top of the tragic classification are the United States and South America: 28,592 cases, equal to 96 percent of the sick persons. These figures in reality are 25 to 100 times greater. Next are Europe, with 3,245; Africa, with 1,800; Oceania, with 317, and Asia, with 55.

The group most at risk in Italy are drug addicts. Out of a sample of 6,000 persons who use needles, more than 40 percent tested positive to the virus. But the most preoccupying aspect is that in 1982 the percentage was only 4 percent. According to the file that has been prepared by the Higher Institute of Health, out of 104,000 drug addicts (estimated figure), at least 5,000 are probably afflicted, and another 50,000 from other at risk groups have probably contracted the infection. Forecasts are very bad: in 1989 drug addicts afflicted with AIDS might amount to 100,000.

Initiatives

Donat Cattin's plan anticipates proceeding in two directions: that of prevention and that of research. The first phase of the fight will be devoted to information--a hammering, obsessive, and capillary intervention. "We want to reach the most remote corners of the country," said Donat Cattin. "We want to go into homes, schools, barracks, hospitals, prisons. Every family will receive pamphlets, books, folders, manifestos, and dossiers. We will ask the press and television to cooperate with surveys and discussions." The information campaign will then also concern itself with doctors and nurses and all those who contact so-called 'at risk groups.'" The program in fact foresees a series of intensive refresher courses in hospitals, the USL, and centers for drug addicts. "We have asked the regions," said Donat Cattin, "to indicate the diagnostic centers that might be able to provide help to those suffering from AIDS. The purpose is to draw up a small map showing the distribution of at risk groups, in order to be able to intervene in a prudent and practical manner. Time is running short: information must reach the ministry by the first trimester of 1987. The objective is to establish at least two centers in each region."

Prevention, therefore, but also research, with incentives and funds for study projects, new equipment, scholarships, contacts and exchanges of information with other countries are the aim.

The program will cost 50 billion," said Donat Cattin. "There has been talk of 10, 12 billion. That is an initial figure, enough to cover the information campaign costs. Another 10 will be allocated to the organization of regional therapeutic centers. The treasury minister has proved to be particularly sentitive to the problem and has not interposed any objections. I will draw 25 billion from this year's budget, to be used in the first trimester of 1987." Anticipating the times, Donat Cattin has hit back at polemics: "With this initiative we take a significant stand within the EEC. The anticipated appropriations, however, are 28 times less than those of the United States,

which up to now has spent $270 million a year and which intends to spend a billion in 1990. We cannot have illusions: the campaign against AIDS will be a long and difficult struggle, which we probably will have to entrust also to the next generation."

Principal Unknowns

How are we to overcome the distrust, fear, and uneasiness of serum positives? That which the plan has not faced is perhaps the most thorny problem, one that is more difficult to resolve: the "classification file," the risk of sidelining, of discrimination, of isolation. Gay organizations have already threatened a "strike against the test," if the government does not pledge to guarantee secrecy and discretion with respect to the results of analyses. Both Donat Cattin and the experts of the Higher Institute of Health were unable to give specific replies. The burning topic is still the subject of discussion: any decision could have great repercussions on the customs and attitudes of the people. There is guidance, advice, no coercive decision. "If a three- or four-year-old proves serum positive, we advise not sending him to preschool or nursery school," explained the authors of the dossier--"and this in order to guarantee his safety, not the safety of others. He in fact is the one who has fewer immune defenses. A simple cold could turn into pneumonia. However, when it comes to compulsory school, the child must be admitted, unless he clearly becomes sick." And in prisons? How are we to protect serum positive prisoners? "It is a difficult problem," admitted Donat Cattin. "Out of two-thirds of the prisoners subjected to the test, 17 percent proved to be ill. In this case, too, there is guidance. Persons afflicted with AIDS must not be isolated. We must overcome this calamity, but at the same time we must respect human rights."

8255
CSO: 5400/2418

POLLUTANT THREAT TO HEALTH DISCUSSED

Amman JORDAN TIMES in English 9 Dec 86 p 5

[Article by Hosni Ayesh]

[Text]

IT is estimated that about 6,000 tonnes of gas are emitted into the atmosphere of Amman everyday from some 150,000 vehicles of all kinds, roaming the streets of the city. A simple calculation reveals that about 180,000 tonnes of gas a month or about 2 million tonnes a year are dumped into the air that Ammanites breathe. Such gases include carbon dioxide, sulphur, lead, and other oxides. Added to these are also gases emitted by central heating boilers, factories and garbage incinerators.

In other words one can simply say that Amman is constantly covered by a cloud of chemical pollution most hours of the day. This poses a question of whether or not this increasing pollution has a relation to the increase in the mortality of certain vulnerable groups, particularly those experiencing respiratory infections.

The Egyptian capital, where the ratio of cars to the population is smaller than in Amman, has been declared a dangerous city for pregnant women, who were advised to live outside Cairo during pregnancy because of the high degree of pollution in the city. This seems to be necessary for the foetus' health, because it is even affected by smoking.

Just like water pollution, it seems that chemical pollution has become a dangerous phenomenon in the country. And perhaps all these kinds of pollution are relevant to the corruption that pollutes our morals and values. Such kinds of pollution have been revealed through tests of water and food and through falsification embezzlement, bribes, and nepotism.

Chemical pollution is usually aggravated by incomplete internal combustion, caused by vehicle traffic and the condition of roads in Amman, thus resulting in the emission of crude (unburnt), and poisonous gases. What also aggravates the situation in Amman is the lack of a green cover, which is capable of reducing toxicity of gases.

Adding to this the danger of sound pollution one realises the volume of double health risks that threatens both the nerves and lungs of Ammanites. One really is astonished at medical doctors' ignorance of this phenomenon when they diagnose diseases and prescribe drugs for treatment. Engineers who prepare designs for buildings and industrialists who select machines, install them and operate them, should also take this into their account. One is also amazed at people's negligence and failure to plant trees and tend them since trees and water are the biological lung of the environment.

The Middle East Health magazine reported in a recent article that Egypt's delay in taking an action to combat pollution will cost it about $2 billion to remedy the situation by the year 2000.

We have never heard of or read about a study being undertaken by any of the bodies in charge of this subject, although they have originally been set up to deal with this danger, and given the fact that there are many students of higher studies at Jordanian universities' various faculties of science, agriculture, engineering, and medicine, whom we could benefit from before it is too late.

CSO: 5400/4505
/9317

BRIEFS

DENGUE FEVER, MALARIA--Kuala Lumpur, 3 Jan (DANA-BERNAMA)--A total of 1,397 cases of dengue with nine deaths were reported in Malaysia last year against 367 cases with 12 deaths in 1985. The Health Ministry's vector-borne diseases control program director Dr Chong Chee Tsun said Saturday the first case for this year was reported Friday in the state of Selangor. Meanwhile, the east coast state of Terengganu reported 29 cases of dengue including seven of dengue haemorrhagic fever last year. There were no deaths from the disease. The Health department's staff inspected more than 111,000 houses and a total of 1,774 warning letters were issued to occupants while 46 people were fined 50 ringgit (about US $19) each for having aedes mosquito breeding grounds on their premises. A total of 490 cases of malaria were reported in the state last year compared with 1,000 in 1985. More than 300 cases of malaria were reported in the Vietnamese illegal immigrant transit camp on Pulau Bidong, adding that they were infected before they left their own country. [Text] [Kuala Lumpur BERNAMA in English 1047 GMT 3 Jan 87 BK] /12624

CSO: 5400/4319

BRIEFS

AIDS-CONTAMINATED BLOOD BANKS--Health Secretariat Director of Epidemiology Jaime Sepulveda Amor has indicated that the serious disease of acquired immune deficiency syndrome has been spread as a result of a failure to inspect blood banks. He said that 6 percent of the blood in private hospital blood banks has been found to be contaminated. [Excerpt] [Mexico City EL DIA ('Metropoli' supplement) in Spanish 25 Nov 86 p 4]

CSO: 5400/2017

TRAVEL TO YELLOW FEVER STATES RESTRICTRED

Lagos DAILY TIMES in English 14 Dec 86 p 16

[Text]

BENUE and Cross River states were yesterday declared "No go zones."

Therefore nobody living outside those states should visit there unless he or she had been innoculated against yellow fever.

Health Minister Professor Olikoye Ransome-Kuti who gave the warning yesterday in Lagos at a meeting he held with officials of his ministry on the outbreak of yellow fever in some states said such vaccine which is free of charge at government hospitals must be taken at least 10 days before visiting the states.

The infection, which first broke out in Benue State in 1976, was one initially spread from monkey to man since the monkeys there, who were reservoirs of the virus, were bitten by mosquitoes which in turn bite human beings.

Professor Ransome-Kuti also warned Nigerians to avoid day-time mosquito bite because, according to him, "the bite is known to be the cause of the yellow fever disease while the mosquito that causes malaria bites at night."

He explained that a repeat of the 1976 epidemic in Benue State was being experienced because of the existence of non-immuned people born out of the epidemic, adding that the present situation was a direct result of the critical level it had attained.

The minister disclosed that a grant of 1.5 million dollars (₦5.15 million) had been provided by the Federal Government for the purpose of vaccines needed to curtail spread of the disease which had killed 127 persons in Benue State as at last week in addition to the 100,000 weekly vaccine production at Yaba, Lagos.

In addition, he said, 250,000 doses of vaccine each had been despatched to Benue and Cross River States while adjoining states like Imo and Anambra which had felt the impact of the infection had received 50,000 doses each.

Professor Ransome-Kuti said a medical team including doctors and epidemiologists had been despatched to Benue and Cross River States to aid the state governments in checking the disease.

He added that another one million dose of vaccine would arrive next week.

/13046
CSO: 5400/81

BRIEFS

YELLOW FEVER EPIDEMIC SAID CONTAINED--The yellow fever epidemic in (Gongwu) local government area of Benue State and in Oguja local government area of the Cross River State is now under control. The minister of health announced this in a statement in Lagos today. He said that people could now go to Benue State but that they should avoid going in and out of the affected areas. Professor Ransome-Kuti disclosed that two medical teams left today for the affected areas. [Text] [Lagos Domestic Service in English 2100 GMT 9 Dec 86] /9599

CSO: 5400/67

OFFICIAL REPORTS EPIDEMIC PREVENTION PROGRESS

OW310041 Beijing XINHUA in English 1630 GMT 30 Dec 86

[Text] Beijing, 30 Dec (XINHUA)--The incidence of measles, whooping cough and diphtheria decreased respectively by 44.8 percent, 36.7 percent and 39 percent in 1986 in China compared with the previous year, a senior official from the Ministry of Public Health announced here today.

Vice-Minister of public health He Jiesheng said progress was made this year in the prevention and control of various acute and chronic infectious diseases and local diseases. The incidence of tuberculosis has continued to drop at five percent per year.

A threatening epidemic of cerebrospinal meningitis was also successfully brought under control in 1986. The first wave of the disease appeared in the 50s in southwest Chinese provinces and the second appeared in the late 60s in even more provinces, affecting 300,000 and 3,000,000 people respectively.

The Vice-Minister said, this year is the first year in China's immunization plan. China has set up a coordinating group to fix an immunization day and provided equipment for biological products for 85 percent of China's children.

The vaccine freezing equipment will be available in the country in 1987, the Vice-Minister said.

He Jiesheng said, following Guangdong and Shanghai, the province of Fujian has also eliminated schistosomiasis this year. Sichuan and Hunan have rid themselves of filariasis.

One reason for the improved hNih conditions is that 400 million rural people in China, about 50 percent of the entire rural population, now have access to clean drinking water. Remote and backward areas are also making progress in improving the quality of local drinking water.

China now has 5,013 special institutions employing 200,000 medical workers who dedicate to epidemic prevention and treatment. In 1987, 150 to 200 epidemic prevention stations in counties will receive better equipment to help run a disease prevention network.

The Vice-Minister said, according to statistics, the cost of protecting a person against a disease is more than 120 times less than that of curing a patient.

However, she said, in the recent two years, China has 15 million acute infectious disease patients every year, which means much remains to be done.

/9716
CSO: 5400/4112

DISEASE RATE DOWN BUT MALARIA STILL PROBLEMATIC

HK310546 Beijing CHINA DAILY in English 31 Dec 86 p 1

[By staff reporter Nie Lisheng]

[Text] Cases of most epidemic and endemic diseases have gone down in China this year, but pernicious malaria and venereal disease, which were thought to have been brought under control or wiped out, have been rising slightly in recent years.

At a press briefing yesterday, the Ministry of Public Health reported that cases of diphtheria, whooping cough and measles dropped by 30 to 60 percent over last year thanks to the innoculation programme.

Bubonic plague remains under control, although there are still some cases in Qinghai Province and Inner Mongolia, while the incidence of epidemic haemorrhagic fever, a disease spread by rats that had been reported in some parts of the country, has now subsided.

Fujian Province has become the third area this year, after Guangdong Province and Shanghai Municipality, where schistosomiasis (snail fever) has been wiped out. Sichuan and Hunan provinces have managed to wipe out filariasis, while Inner Mongolia has succeeded bringing goitre under control.

In a speech at the briefing, Vice-minister He Jiesheng said China has been able to keep down epidemic and endemic diseases because of its "prevention first" policy. The country now has 5,013 sanitation and anti-epidemic institutions employing nearly 200,000 workers.

Through this network, for instance, the country has managed this year to set up a national network for the cold storage of vaccines against the six major infant diseases of polio, scarlet fever, tetanus, measles, whooping cough and diphtheria, the vice-minister said.

This network has enabled medical workers to innoculate children quarterly, monthly or even weekly as effectiveness requires instead of once a year and only in winter, as was the case previously.

But the vice-minister admitted that epidemic prevention remains a tough task in China because the incidence of acute infectious diseases is still quite high, affecting more than 15 million people annually.

The rate of endemic diseases is also serious, adding to the problem of the shortage of qualified medical workers and funds, she said.

According to Zhang Yifang, director of the ministry's Endemic Prevention Bureau, endemic diseases now still exist in 1,983 of China's 2,046 counties, 97 percent of the total, and affect more than 60 million people, mostly in remote areas of the countryside.

The number of malaria cases remains above 500,000 a year, with outbreaks reported in some parts of the country once or twice a year.

/9716
CSO: 5400/4112

BRIEFS

ELIMINATION OF MALARIA URGED--Beijing, 2 Dec (XINHUA)--The Ministry of Public Health has called for all-out efforts to battle malaria and gradually eliminate the disease in the 1986-90 period. According to a circular issued by the ministry, the annual incidence of malaria must be cut down by 10 percent a year in the coming years. By the end of 1990, counties in which the incidence exceeds one percent at present should cut it to 0.5 percent, and 80 percent of the counties with an incidence under one per 10,000 should free themselves completely of the disease. The circular says that attention will be paid particularly to the provinces of Shandong, Jiangsu, Anhui and Henan. To accomplish the object, a mass publicity drive will be launched in rural areas and people will be mobilized to improve environmental conditions to eliminate mosquitoes. [Text] [Beijing XINHUA in English 0201 GMT 2 Dec 86 OW]

/9716
CSO: 5400/4112

FRANCE TO HELP ESTABLISH EPIDEMIOLOGY DEPARTMENT

Castries THE WEEKEND VOICE in English 25 Oct 86 p 7

[Text]

ST. LUCIANS can look forward to an even better and more reliable health service in the future.

This is as a result of the signing of an agreement between the Governments of St. Lucia and France for the establishment of an Epidemiology Department within the Ministry of Health here.

Signing on behalf of the St. Lucia Government was Prime Minister John Compton while Mr. Gerard Jacquet, Head of the French Technical and Cultural Co-operation Mission to the Eastern Caribbean, signed on behalf of the French Government.

Before signing the agreement, Mr. Jacquet said that he was particularly pleased and honoured to sign the agreement as it was not only another stage in France's co-operation programme in efforts towards the well being of the people of St. Lucia.

He said that under the technical co-operation scheme two French medical officers have been assigned to Gros Islet and Dennery.

"I am of the firm view that you are truly making a significant step along the road towards better health information analysis, interpretation and management and therefore better epidemiological surveillance and control," Mr. Jacquet said.

In reply, Mr. Compton said that for several years the government had committed itself to improving substantially the health of the people of St. Lucia and to provide the necessary vehicles for the delivery of health care.

He added: "This agreement is only one further step along the road of co-operation between the Government of St. Lucia and the Government of France not only in the area of health but in other areas which began since our Independence and which has been accelerated since the establishment of the French Department of Co-operation in St. Lucia."

Funding for phase one of the project has been estimated at 500,000 francs (approximately EC$220,000). This amount would go towards purchasing computer equipment in order to assist in the implementation of investigation, appraisal, network development methods in a wide variety of areas.

/9274
CSO: 5440/040

MINISTRY OF HEALTH REPORTS ON CONDITIONS IN 1982-85 PERIOD

Castries THE VOICE in English 12 Nov 86 p 4

[Text]

SAINT LUCIA is well on its way to achieving many of the regional goals and objectives of "Health for all by the Year 2000."

But the continued technical co-operation from international organisations like the Pan American Health Organisation (PAHO), the World Health Organisation (WHO), friendly governments and donor agencies will be required if it is to achieve these goals.

This information is contained in a progress report on health conditions for the quadrennium 1982/5 compiled by the Ministry of Health here. The report was presented recently to the 22nd Pan American Sanitary Conference held in Washington, D.C., United States.

The report states that during the quadrennium St. Lucia enjoyed a stable industrial and political environment thus stimulating an upsurge of economic activity.

"Expenditure on health care per person in the public sector has nearly doubled during this period, although the share of national resources devoted to health care has remained fairly constant at around 14% of the national budget," adds the report.

It continues: "However, St. Lucia has been successful in achieving many of its health development objectives through planning, management and utilization of its scarce resources supplemented by technical co-operation from friendly governments and international agencies."

However, the report laments that since 1946 the population has grown at a steady annual rate of two per cent. It adds that the combination of a young population (44% under 15 years) — an improvement in infant mortality and other health indicators, greater life expectancy, continued high fertility and relatively constant levels of net migration have resulted in a population scenario which is extremely grim.

The report expressed regret at St. Lucia's fertility rate of 4.5, which is the highest in the Western Hemisphere, adding that what was an under-populated island was gradually becoming an over-populated state with consequent effects on employment, health and educational services and other sectors of the economy.

According to the report, St. Lucia is in the forefront of Caribbean countries which have launched immunization programmes in recent years against the six preventable diseases of childhood, namely: D.P.T., Polio, Tuberculosis, Measles, Rubella and Mumps.

The Ministry of Health anticipates that for the next five years, commencing February 1987, with the assistance of a grant of US$66,000 from the Rotary Foundation 3-H (Health, Hunger, Humanity) Programme, that 62,000 children will be immunized against Measles, Mumps, Rubella and Polio. All children, ages one to two, are being immunized with M.M.R. vaccine and it is expected that this campaign will considerably enhance the level of immunity against these diseases which have caused so much disability and deaths in the past.

The report states that a recent comparison of the nutritional status of children nought to five years old between 1979 and 1984 was very encouraging and revealed that there was marked improvement in all types of mainutrition from 24.7 per cent in 1979 to 11.8 per cent in 1984.

However, continues the report, the problem of nutritionally-related diseases, example: anaemia, diabetes, hypertension and dental caries, merited more attention than they had received in the past and programmes were being designed to control them.

/9274
CSO: 5440/040

HEALTH OFFICIAL SAYS TB NOT RIFE IN EASTERN CAPE

Johannesburg CITY PRESS in English 14 Dec 86 p 5

[Text]

THOUGH unrest and unemployment in the Eastern Cape were hindering the treatment of TB, it would be exaggerated to claim an epidemic was imminent, says Dr J D Krynouw, regional director of the Department of National Health and Population Development in Port Elizabeth.

Krynouw responded to reports that the Eastern Cape was threatened by a TB epidemic following a massive outbreak of TB in the South Western Cape.

In PE the number of cases had in fact dropped from 2 760 in July 1985 to 2 713 in June 1986, while in the period from January 1985 to November 1986 the whole region showed a decrease from 5 898 to 4 851 cases, he said.

This drop was attributed to better health services and diagnoses and better treatment.

But Krynouw said continuity of treatment was essential in treating TB successfully and unrest had disturbed treatment programs.

It would not be surprising if there was a rise in TB figures in the Eastern Cape as a result, Krynouw said.

Unrest affected TB treatment as people were not always able to attend clinics and health workers were often prevented from performing their duties.

Though health workers still could not enter certain areas because they were unsafe, there seemed to be an improvement in PE townships, Krynouw said.

The other factor leading to an increase in TB was unemployment, which caused a drop in nutritional standards.

Reports that the Eastern Cape faced a TB epidemic followed a statement from Cape Town health authorities that new cases of TB were being reported at an alarming rate in the South Western Cape.

CSO: 5400/77
/9317

TB EPIDEMIC THREATENS EASTERN CAPE

Port Elizabeth EVENING POST in English 4 Dec 86 p 2

[Article by Dawn Barkhuizen]

[Text] **A TB epidemic threatens the Eastern Cape in the wake of a massive outbreak in the South Western Cape.**

Cape Town health authorities say cases there are being reported at an alarmingly high rate.

And because of unrest conditions in the Eastern Cape, a local outbreak could have a delayed effect through which the disease would become even more rampant.

Dr J D Krynauw, regional director of the Department of National Health and Population Development in Port Elizabeth, said today conditions in the Eastern Cape were "similar, if not worse" than those in the South Western Cape.

In his annual report, the Medical Officer of Health for the Cape Divisional Council, Dr L R Tibbit, attributed the current epidemic to inadequate housing, worsened by the recession and the unrest which had "partially disrupted" treatment at clinics and contact tracing processes.

Dr Krynauw said conditions had already resulted in a measles epidemic which, at its peak, reached a mortality rate of 10% in Port Elizabeth. This percentage pertained only to notified cases.

While figures for the Eastern Cape from the past two years reveal that there has been a drop in incidents of TB, he said it was possible that there was a delayed reaction and an outbreak was imminent.

This was because of the unemployment-unrest situation.

For the period July, 1984, to July, 1985, a total of 2 760 cases of TB were reported in PE. For the same period the following year the number of cases dropped to 2 713.

Numbers dropped from 5 898 for January to November, 1985, to 4 951 for the following year.

The drop was as a result of improved health facilities.

/9274
CSO: 5400/72

MAJOR TB EPIDEMIC HITS WESTERN CAPE .

Cape Town THE ARGUS in English 4 Dec 86 p 7

[Text]

A "major tuberculosis epidemic" has hit the Western Cape with a 22,7 percent increase in notifications, says Divisional Council medical officer of health Dr Len Tibbit in his annual report.

The notification rate in the coloured and black populations was about 500 per 100 000 people, "higher than in most countries of the world", he said.

TB continued to be the "single most-prevalent infectious disease".

Unrest had complicated treatment processes and tracing contacts, but his department was "coping reasonably well under the circumstances".

Stability needed

Dr Tibbit said it was clear the situation would not improve dramatically "until socio-economic circumstances improve and unemployment and overcrowded housing conditions are stabilised".

Measles was the second most-prevalent notifiable disease, with 532 cases last year, an increase of 264 on 1984.

Most cases were in Crossroads because immunisation programmes could not keep pace with the changing population.

Two mass campaigns had been carried out and the position had stabilised, said Dr Tibbit.

Last year, 22 cases of typhoid fever were reported, 10 of them "imported cases"(patients who had arrived in Cape Town ill).

Polio cases

After no cases of polio in 1984, there were eight last year, four of them "imported".

● The most important index of a health service's efficiency was the infant mortality rate and this had declined in all population groups, reported Dr Tibbit.

However, there was a disturbing increase in the post-neonatal mortality rate for black babies. "directly attributable to living conditions and the instability of the population".

Heart disease and cancers were the most-prevalant causes of death in the white and Asian populations and a large proportion in the coloured group.

Violence was the biggest single cause of death among blacks.

Cerebro-vascular diseases, including strokes, was a common cause of death in all groups, highlighting the necessity of regular monitoring of blood pressure and weight.

Birth rates in all population groups had decreased, encouraging the family planning staff to increase their work in this priority area.

/9274
CSO: 5400/72

CAPE TOWN HEALTH OFFICIALS WARN VISITORS OF AIDS DANGER

Cape Town CAPE TIMES in English 5 Dec 86 pp 1, 2

[Text]

ON THE eve of the festive season with thousands of holidaymakers streaming to the city, Cape Town's Medical Officer of Health, Dr Reg Coogan, last night warned visitors about the possibility of contracting AIDS and venereal diseases in the city.

Dr Coogan's warning accompanied the first AIDS death in Durban on Tuesday and a Cape Times investigation among the city's prostitutes this week that revealed, in some cases, either a staggering ignorance or a foolhardy, "devil may care" attitude about sexually transmitted diseases. Others, however, were taking precautions.

Prostitutes in Cape Town, Dr Coogan said, had a high incidence of venereal diseases.

5 men died

"In Cape Town, we have experienced the Western type of AIDS, namely that which is transmitted among homosexuals — particularly through more perverse sexual practices," he said.

Five Cape Town men have died as a result of contracting the disease.

"My advice is to rather not practise promiscuity — especially with partners that are strangers. Rather continence — but if you must, then use condoms," Dr Coogan said.

Cape Town has taken the AIDS threat seriously — sales of condoms in the city have increased dramatically, distributors of mens' toiletries have confirmed.

And, as the investigation revealed, the city's prostitute community were either largely ignorant about sexually transmitted diseases or else they were well prepared against infection. The ignorance varied according to social background.

Greatest threat

AIDS could well stand for Africa Is Dying Slowly — the disease has reached pandemic proportions in the "AIDS belt" countries of Uganda, Tanzania, Rwanda, Zaire, Zambia and other African countries — with the situation there described as up to 50 times worse than in New York — and fears have been expressed about AIDS' spread southwards.

South Africa's greatest threat from the African strain of the virus — which is transmitted heterosexually — was posed by migrant workers, tourists from central African countries, refugees and illegal "border hoppers".

Cape Town, however, faced a greater threat from the Western—or European—strain of the disease because of its nature as a harbour city.

The most likely potential victims of the disease were prostitutes. Some — like transvestite "hustlers" — appeared to be knowledgeable about possible dangers, but had adopted a "devil may care" attitude and seemed to have thrown caution to the wind, interviews with a seasoned prostitute revealed.

Those ignorant of venereal diseases were "strollers' — pre-teen and teenage homeless boys who eked a living granting sexual favours to men.

Teenage boys who offered themselves as homosexual prostitutes have been the subject of newspaper investigations since 1973.

In Sea Point, boys who sold bouquets of flowers to couples in restaurants, complained to the Cape Times they had been solicited for sexual favours by men. The youngest of these was about seven.

While research into AIDS continues worldwide for any possible breakthrough in finding a cure, health officers have stressed the importance of the only two weapons in safeguarding against the disease — "screening" and identifying possible carriers of the virus and education.

"I've been advocating this for a long time. In educating people about safe practices, it's got to be blunt, brutal and pretty graphic. Even if it means offending sensibilities, it's got to be done," he said.

The use of condoms as a precaution — not only against AIDS but other sexually transmitted diseases — has been strongly advocated elsewhere. In London, health authorities — as a warning before the morally relaxed and "easy" Christmas holiday season — have warned women to carry condoms with them to parties and other social events.

In Cape Town — like other major centres worldwide, their sales have boomed, one distributor said. "In fact, I'd say we're experiencing a pretty dramatic increase in sales because of the current scare," he said.

Children who had roamed the streets hustling seemed to be aware of the dangers of AIDS, according to the principal of Patrick's House, Ms Annette Cockburn.

"It's the other venereal diseases they haven't a clue about," she said.

/9274
CSO: 5400/72

VICTIM URGES GOVERNMENT TO STAMP OUT IGNORANCE OF AIDS

Johannesburg THE SUNDAY STAR in English 21 Dec 86 p 2

[Article by Liz Clarke]

[Text]

SOUTH AFRICA is so grossly uninformed about the killer virus AIDS that an emergency appeal has been made to the Government to back a multimillion-rand information and testing network.

In a bid to help curb the disease, AIDS sufferer Mr Robert Boucher has asked the Government to make every person in the country — black, white, gay and straight — aware of the killer.

"It is a crisis situation of mammoth proportions," said Mr Boucher, who was in Durban this week to launch the appeal. "We are sitting on a catastrophic time-bomb. If something is not done now, we are facing a major disaster in our country."

An appeal is to be sent to the country's major health authorities outlining an educative plan of action. The primary function of the appeal is to standardise information released to the public and medical and nursing personnel.

"It is shattering the amount of fear which exists not only in the mind of the general public but also in the medical profession," said Mr Boucher.

"I heard of a case the other day of a nursing sister at a large hospital whose pen had been used by an AIDS sufferer. She was too nervous to touch it afterwards."

While other countries were pouring all their energies into increasing public awareness, South Africa was suffering from a gross lack of knowledge.

Mr Boucher said he was appalled to read that a member of the Aids Advisory Board had suggested — contradicting all known information — that the disease could be contracted from sharing drinking vessels.

"This is irresponsible and causes unnecessary hurt for PWAs (Persons With AIDS), not to mention public fears and phobias," he said.

"With this sort of nonsense people will be too frightened to go to communion and drink in hotel bars."

Mr Boucher, who contracted the virus while in America, said the leading South African authority, Dr Ruben Sher, had confirmed the virus was unable to exist in the normal acidic level of the stomach acids.

"Research has proved that the virus is in fact very fragile and that AIDS is very difficult to catch.

"If the general public was better educated they would understand that AIDS can only be contracted through the transference of contaminated blood, semen, faeces and urine. It cannot be caught from shaking hands, kissing, sitting on loo seats or any of that rubbish you hear so often."

The appeal will outline the educational strategy which will be directed to high-risk groups.

Mr Boucher said Gasa (The Gay Association of South Africa) had already set up the AIDS Action Group to advise the public on all aspects of the disease.

"The groundwork has been done. What is urgently needed now is government support and funding, and active participation by the Department of National Health in educating the public, high-risk groups and the medical fraternity.

"Because of the threat of AIDS in Africa, and the proximity of those countries where the disease is so prevalent, it is imperative that our own black population be educated."

In a random survey of Natal health authorities, no literature on the disease was available. Two weeks ago the Department of National Health and Population Development printed a number of pamphlets, but as yet these have not been distributed. The Department has also promised to provide free testing, but in practice this has not materialised.

Said Mr Boucher: "There is nothing more scary than being told that your tests are positive and being left without proper counselling and support information. In my own case it took a month of sheer panic before I could face the reality and had the courage to talk to anybody about it."

"The thrust of my appeal," said Mr Boucher, "is to urge the Department of National Health to practice preventive medicine instead of waiting until it is too late".

The Medical Research Council of South Africa has backed the appeal, urging the Government to disseminate information on all levels.

A spokesman for the Council in Cape Town said there was a "desperate need" to launch a national information campaign.

CSO: 5400/79
/9317

COUNTRY'S MEDICINE MEN DENY AIDS TRANSMITTED SEXUALLY

Cape Town CAPE TIMES in English 8 Dec 86 p 7

[Text]

JOHANNESBURG. — AIDS is not a sexual disease — it comes from animals, mosquitoes and drinking water.

So say some of South Africa's sangomas (medicine men) and inyangas (herbalists) who gathered — some of them in full traditional regalia — at the SA Institute for Medical Research in Johannesburg for a conference with doctors on AIDS.

The gathering was the result of a call by Western medicine for support from traditional healers.

While the view that AIDS is unrelated to sex is common among many of the country's sangomas, there is considerable divergance of opinion among traditional healers on the subject — as there is among conventional doctors.

Mr Samuel Jamile, head of the KwaZulu nyangas, said he had not seen anyone with the disease and was quite prepared to believe that AIDS was sexually transmitted.

Mr Lymon Msibi, president of the Traditional Healers Council, which represents 50 000 sangomas, also conceded that sex may have something to do with AIDS.

He believed the disease was mostly caused by "wizards who are not happy when they see progress" — a view similar to that held by US moralists who claim AIDS is divine retribution for sinful living.

Mr Msibi added that AIDS is just a new name for old diseases such as "ilumbo", and that the best way to cure it was to use "muti".

But no cure for AIDS, traditional or Western, seems to be on the horizon. And the influence of the sangomas and inyangas is so strong that as long as they believe that AIDS is not sexually transmitted, there will be little to stop the rapid spread of the disease throughout Africa.

Already in some parts of Africa, especially the central countries such as Zaire, Uganda and Rwanda, as many as 10 percent of the population carry the virus.

The aim of the conference, organised by Dr Ruben Sher, head of virology at the institute, was to persuade the sangomas with more traditional views to accept Western wisdom on AIDS.

After the meeting, with the sangomas filing out singing and shuffling, Dr Sher shrugged when asked how he felt his Western views had been accepted.

"If 10 percent accept what we have told them then this meeting was not in vain," he said. "But Africa grinds very slowly."

CSO: 5400/76
/9317

DURBAN AIDS VICTIM COMMITS SUICIDE

Durban THE DAILY NEWS in English 4 Nov 86 p 1

[Text]

AIDS has claimed its first victim in Durban: a man unable to live with the threat of the incurable disease who committed suicide. Another sufferer is in a serious condition in Addington Hospital.

Although experts stress that in Durban there is no cause for alarm over the disease which is sweeping parts of Africa and America, they say there are many carriers here.

At least two patients under treatment are regarded as "pre-Aids" and likely to develop a full case of the virus.

All are members of the high-risk category of either homosexuals, haemophiliacs or those who have visited high-risk areas such as Zaire.

The middle-aged local man who took his life two weeks ago apparently contracted Aids in his youth, before the disease was identified, and the virus lay dormant for years.

The man being treated in Addington, also middle-aged, was admitted in May.

The deputy medical superintendent, Dr Raph McCarter, says his condition is slowly deteriorating and it is unlikely that he will return home.

"He keeps getting infections, obscure bugs that would not really bother you or me.

"It is a slow business, a lingering death sentence."

He says as Aids is still not a notifiable disease, the man is responsible his costly hospital bills.

An Aids expert, Dr Ruben Sher, said while there were several million carriers and a million deaths expected in the next few years in Africa, there were still only about 4 000 carriers of the virus in South Africa and 41 cases of the disease to date.

Durban had particularly few cases.

It was the opinion of South African medical experts that there was no immediate threat or real danger to people here, apart from homosexuals.

The "saving grace" in this country was that the disease had not yet become a heterosexual problem and was thus not being spread at the same rate as elsewhere in the world.

Of the 41 cases in South Africa, eight people were from countries north of South Africa. All were men, except one woman from Zambia.

/8309
CSO: 5400/61

BELLVILLE COUNCILLOR: SCREEN PROSPECTIVE WORKERS FOR AIDS

Cape Town THE ARGUS in English 7 Nov 86 p 8

[Text]

Tygerberg Bureau

A BELLVILLE city councillor wants the municipality to test prospective workers for Aids.

The municipality plans to screen job applicants medically when its new clinic opens next year and Mr A P de V Kempen told a council meeting recently that Aids tests should be included.

Approached for comment, Mr Kempen said he had become aware of the "vast health hazard of Aids" when he watched a television programme on the deadly disease.

"I felt that since we screen employees for TB we should also start testing for Aids.

"Aids is an even greater health threat and the extent of the problem is alarming."

He had asked that the test be included in the screening process because of the "frightening" proportions the disease had assumed.

"Worrying"

Bellville press liaison officer Mr Steve Gouws said the matter had been raised briefly by Mr Kempen during a council discussion but no decision had been taken.

"Obviously the disease is worrying."

Mr Gouws said Mr Kempen had mentioned Aids during a discussion on the new municipal clinic, which is still under construction.

"The idea was that the municipality would appoint a nurse once the clinic was ready next year to screen new employees for TB.

"However, the nurse will not be appointed until the new clinic opens sometime early in 1987."

/8309
CSO: 5400/61

BRIEFS

KALA-AZAR WIDESPREAD IN SABALUKAH--The skin disease kala-azar has become widespread in the Sabalukah region (villages of al-Huqnah, al-Masikat Janub, and Abu-Shumaylah). Most of the citizens have been afflicted with nasty sores resulting from sand fly bites (the righan fly as inhabitants of the region call it) which cause this harmful malady. Investigations by AL-USBU' reveal that treatment by the subcutaneous injection of chloroquine at the site of the sores has not produced any mentionable benefit. It should be noted that the duration of the affliction with this disease is several months. [Text] [Article by Muna Fadl: "Spread of Kala-Azar in Sabalukah"] [Khartoum AL-USBU' in Arabic 3 Dec 86 p 1] /9604

CSO: 5400/4605

GUYANESE SAID SPREADING MALARIA, 'RED EYE' DISEASE

Curepe THE BOMB in English 14 Nov 86 p 11

[Text]

MALARIA AND Red Eye, rampant in Guyana, are being exported freely to Trinidad and Tobago.

As a matter of fact, it was the infected Guyanese who brought the Red Eye (the weeping disease) to Trinidad a month ago.

A Customs Officer told the BOMB several weeks ago, 17 passengers on a BWIA flight from Georgetown were down with Red Eye.

He said the contagious viral disease could have started from them.

But why did the airline accept people with visible red eyes and why did the Immigration Department allow the victims to enter the country?"

Red Eye knocks a man down for up to two weeks, when he has to be quarantined, not only from his work and friends, but also from his family.

"More than 30,000 people were treated up to last Friday," a medical source said.

"All of them would get sick leave for about a week.

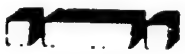
"One could imagine how hard it is on production in the labour sector.

"Thousands of man hours will be lost and the epidemic is not yet half way through."

But Red Eye is not all the ills Trinidad is getting from the mudland.

Malaria, a tropical bush disease spread by infected mosquitoes breeding in the black waters of the outback, has reached the coastal settlements in Guyana.

Scores of residents in Gerogetown are down with malaria, and in typical Forbes



Burnham style, the authorities are covering it up, a recent visitor to Georgetown said.

Malaria is also non-existent here, and with the high influx of Guyanese refugees, it is likely that another outbreak is in the offing.

It takes years to eradicate malaria, and such projects cost millions.

Trinidad and Tobago is one cent above bankruptcy, so outgoing Minister of Health, John Eckstein, should spend his last days in office making a barrier against 'Guyanese-born' diseases.

It's time the Port Health and quarantine authorities get off their butts and call for immunisation against mosquito-borne diseases from all visitors entering here from Guyana.

A Guyana report said the malaria in the city is falciparum, the dangerous type — which is fatal if not treated in time.

This year, more than 10,000 people would have been treated for malaria in Guyana.

Last July, the figure was 7,424, almost the same figure for the whole of last year.

Over the past three years, more than 20,000 people had been exposed to malaria, a significant number with falciparum, a disease that destroys the brain.

With vast jungles and swamps inaccesible to man, it is virtually impossible to eradicate malaria in Guyana and its neighhours, Brazil, Venezuela and Suriname.

It costs millions to get insecticide and antibiotics to fight the dreaded mosquito diseases.

Trinidad and Tobago must avoid falling into the malaria trap.

Malaria is spread by the anopheles mosquito, whil the aedes egypti spreads dengue, which is also making its rounds in Trinidad.

Watch those bloodsuckers, they can suck the country dry!

/9274
CSO: 5440/038

RECOMMENDATIONS TO UPGRADE HEALTH SERVICES REPORTED

Istanbul MILLIYET in Turkish 7 Oct 86 p 11

[Article by Nail Gureli: "Anarchy in Medicine"]

[Excerpt] Naturally, after so many complaints and so much criticism, we ask the question that is at the tip of everybody's tongue:

"Fine, how does one put these health problems right?"

Prof Dr Turgut Atasu asked former Ministers of Health Dr Faruk Sukan and Dr Kemal Demir:

"You know, the state of the number and countrywide distribution of doctors in Turkey has always been unsatisfactory. Furthermore, the high rate of increase in population and rapid urbanization are becoming current problems in Turkey. Bearing these conditions in mind, what kind of organization of health units should we have had in the past and what should be done in this respect now? Let me cite one example: Thousands of patients apply to major polyclinics and hospitals in the cities. In the majority of these cases, the problem is of the kind that a general practitioner could handle. In Britain, for instance, a patient goes through several stages before getting to a hospital. Thus waste is prevented in the health sector. What kind of health organization should there be in Turkey in the light of these facts?"

Dr Faruk Sukan referred to the problems created by the economic phases Turkey has gone through in the past 30 years as well as to the problems due to the population explosion and rapid urbanization, and said:

"In the light of these problems, it is necessary to change the system and adopt new ways of doing things. Today's needs cannot be met with the old system of health centers. It is possible today to see a newly graduated assistant doing the work of a physician--in the absence of one--through the hospital emergency service called "Hizir Servis," and this can often lead to disputes.

"As someone who has been minister of health, let me put it this way: the Ministry of Health people responsible for health policy are often ignorant of what goes on at hospitals, because the information they receive is confined to that provided to them by a narrow circle of central staff. It is necessary

to conduct serious research to determine the problems of hospitals and health centers in all parts of the country, to collate the facts on these problems, and to seek and find solutions to them. Ministry officials and responsible persons from universities must get together to find a solution to these problems."

Dr Kemal Demir, in turn, pointed out that what the country really needs is preventive medicine, and he defended the case for utilizing the health centers, under whatever name, as small units for preventive medicine. He said:

"If this is done, then the patient will not proceed to a hospital directly any more. It is necessary to establish such a system. Under it, the citizen will go to a health center first. The doctor there will examine him and prescribe for him. In rural areas, the prescribed drug will be provided free of charge. If the patient needs hospitalization, he will be sent to a hospital, whether in a rural or urban area. Nobody will be hospitalized who has not been referred by a health center. This was the goal when the system was estabished, but it did not work. Nor do I find it strange that it did not, because the patient's mind is dominated by the thought that 'this fellow is still an unseasoned young man, but the hospital over there has great doctors'."

Dr Demir said he envisages the formation of "regional hospitals" as a means to prevent wasting resources and to offer better service. He painted the following picture of our current unplanned scene:

"You go some place and find out that there is a Social Insurance Association hospital, a state hospital, and---depending on the locality--a State Railroads hospital, an armed forces hospital, a ground forces or air force hospital. The sugar refinery also has a hospital. Each as a 500,000-ampere X-ray machine, as well as one or two pieces of current modern equipment perhaps ultrasound equipment. Each has a laboratory and various therapy units. You observe that the state hospital is working at 90 percent capacity, while another hospital in the same province is working at 40-50 percent capacity because it addresses a more restricted sector of the population."

Dr Demir and Professor Atasu agreed that, until a system of regional hospitals is implemented, the least that can be done is to have all hospitals administered by one body. But Dr Demir, who has served as minister of health, talks of the difficulties encountered in this area. For instance, the reluctance of various establishments to surrender their hospitals to the ministry is a major obstacle.

Beyond the question of organizing the health units lies the further issue of "auditing."

Dr Kemal Demir said he considers it necessary to have a scientific audit of each hospital by a joint board every 2 years. He said he envisages an audit not of the administrative kind that asks questions such as "how much did the

broom cost?", but one that investigates whether the latest developments in medicine are being kept up with and to what extent they are being applied. He said:

"The universities, too, must have the same courage--that is, they must not say: 'We are the sole custodians of science; there is no science outside our confines'."

Dr Sukan expressed the same view. He said:

"The universities should also work and cooperate with the Ministry of Health. They should not act as if one of them lived on the Moon and the other on Mars." Based on his findings during his term as minister of health, he said that the Faculty of Medicine at Ankara University and other medical faculties established later on were formed without this cooperation, and he noted that in 1945 his professor, Neset Omer Irdelp, had described the Faculty of Medicine at Ankara University at the time as a mere "medical lycee."

Prof Dr Ruknettin Tozum also argued that it is necessary to have a single authority for the health sector. He said:

"Politicians and ideologists must let go of the medical sector. They must do this for the sake of their health, as it may eventually affect their own health as well. Medicine and health must never be allowed to be infected with politics and ideology."

Prof Dr Ozdemir Ilter underlined a point which he said must be kept in mind when planning the health service:

"When planning, consideration must first be given to the distribution of the population in the country. Some 60 percent of the approximately 50 million people in our country live in rural areas. One's attention must never stray from the reality of rapid urbanization. Otherwise, one would be busy taking health services to the rural areas while their population is moving to the towns. One would be making a futile investment and would be engaging in a futile exercise by taking very high-level labor to such rural areas. One would be paying a very high price for services that could be rendered for much less."

And what do you say, gentlemen, can these matters be improved?

Let us answer bluntly: not with the prevailing mentality. This is the kind of mentality that has allocated a mere 2.5-3 percent of the state budget to health affairs year after year. With this kind of thinking, what kind of health are your talking about!

All of the professors and both of the former ministers of health we interviewed were united on the subject of the inadequacy of the health budget. Backing the case for the allocation of at least 10 percent of the budget to health, Dr Faruk Sukan said:

"Citizens must also make their contribution to this cause; there must be appropriate organization to this end. Trusts must be established, a health insurance scheme set up, and social security extended."

Prof Dr Sedat Katircioglu, the dean of the Faculty of Medicine in Istanbul, is one who has had intimate experience of "budgetary discomforts" in his capacity as an administrator.... He said:

"What the state provides is just enough to meet the salaries of the personnel and doctors employed at the hospital. In the past, it was possible to purchase a few tools and items of equipment, too. In recent years, however, we have not had the means to do even that."

Professor Katircioglu pointed out that an important source that keeps the hospitals going is the "circulating capital," that is, the examination and treatment fees charged to patients, but he explained that this is insufficient and that during the year that he has held the dean's office, he has secured donations totalling 300-400 million lira for the faculty.

Just think of it: even the hospital bedsheets are purchased with the people's contributions to the circulating capital. You can imagine the rest when you consider that even the gauze used to dress wounds at the hospital is bought with donations.

So, what kind of health policy is being discussed, what kind of solution is expected?

Let us conclude with what Prof Dr Ozdemir Ilter said:

"But perhaps the easiest solution would be to do what successive administrations have done: first, tell the people 'we shall save you from the clutches of monstrous doctors, we shall provide you with health services free of charge' and then allocate 3 percent of the budget to health services and bring the people's unlit and toilet-less shacks crashing down on their heads."

May you stay in good health!

[Boxed item]

The former ministers and scientists with university teaching and administrative experience whom we consulted within the framework of the present investigation made a number of proposals in their statements for solving the health problem and we related these proposals as the discussions developed. Now, in conclusion, we present a very brief summary of the proposals in question.

1. Budget: The allocation for health in the state budget, which up to now has been 3 percent, must be increased without fail.

2. Health Policy: A national health policy must be established by the state, and it must be implemented in a planned manner and without interruption.

3. Reorganization: Health units must be reorganized in a manner to ensure standardization from an administrative viewpoint, and patients should go through the lower-level units before being sent to hospitals as necessary; a system of regional hospitals should be established.

4. Health Insurance: A universal health insurance scheme, under state supervision, should be brought about in a manner in keeping with the national interests.

5. Training: A serious and standard medical training scheme with a practical orientation should be established, the practice of setting up qualitatively inadequate faculties should be abandoned, and student overenrollment should be prevented.

6. Qualifaction As Doctors: To qualify as doctors, medical faculty graduates must serve an internship, with an examination at the end.

7. Postgraduate Training: A standard system should be established and monitored to ensure that doctors keep up with scientific and technological developments in the world.

8. Monitoring: Arrangements must be made to strengthen the hand of medical societies in order to ensure effective and timely control of private practice by members of the profession itself.

9. Discipline: A system should be established to ensure scientific, professional, and adminstrative order in universities and health councils.

10. Legislation: Legislative adjustments should be made in line with current conditions, and there should not be any lagging behind legal, technological, and scientific developments.

11. Training of Auxiliary Personnel: The question of training auxiliary personnel employed in the health services should also be tackled. [end boxed item]

13184/12795
CSO: 5400/2413

MEASURES TO DEAL WITH TUBERCULOSIS RESURGENCE DISCUSSED

Ankara YANKI in Turkish 2-8 Jun 86 pp 45-47

[Excerpts] Recently, a TV program on Peyami Safa's work during the war years, entitled "Ninth Ward, External Diseases," took a look at the tragic drama of a youth suffering from tuberculosis of the bone. This program, which many of us watched, showed us how terrifying the ramifications of the disease were.

TB sufferers were shunned by society and even by the family circle due to the contagious nature of the disease and the fact that it was incurable at that time. The isolation of the patients from the life within their own circle, "the low level of enlightenment," and the "last-ditch" attempt at treatment set out the "deadly" nature of the disease.

The long years of "fear" and "revulsion" with regard to the disease, and the "shame" occasioned by the thought that it would make one unacceptable to society, made its treatment a long drawn out, difficult, even impossible affair.

All this had put TB at the top of Turkey's health problems as a contagious disease. In the 1940's, the rate of death from TB was as high as 340 per 100,000 population in Istanbul. Tuberculosis had become epidemic in the years following World War II. As a result, in 1949 chairs of phthisiology and TB were established at two universities, and in the same year, local TB dispensaries were unified under the title, the National Campaign Against TB Association. Later on, a Directorate General of the Campaign Against TB was established at the Ministry of Health and Social Assistance; the campaign was conducted within the framework of the Campaign Against TB Associations, universities, chairs concerned with the disease, and the directorate of health.

In the 1950's, a BCG campaign was launched in collaboration with UNICEF. There was a division of labor between the ministry and the National Campaign Against TB Association; the former performed the screening operations in the rural areas and the latter in the cities.

Action was taken under the slogan "a TB dispensary for every 100,000 persons" during this period, and 260 TB dispensaries were established.

In the 1970's, thanks to new drugs and the BCG vaccination, the death rate dropped to as low as 12 per 100,000 population. The once deadly disease was no longer considered terrifying.

In the 1980's the deterioration of socioeconomic conditions, the population explosion, and the unsound urbanization caused by the migration from the rural areas to the cities caused a resurgence of the disease.

Furthermore, once people stopped thinking of TB as a frightful disease, they stopped getting vaccinated or taking prescribed drugs strictly on schedule, thus making the disease a pressing issue once again.

Even if the question of whether the disease has reached the point where it threatens public health is an open one, it has become increasingly important.

A TB screening and vaccination campaign was launched within the Ministry of Health and Social Assistance in mid-April. Dr Menekse Araz, deputy director of health in charge of BCG vaccination, has answered YANKI's questions on the subject:

Question: What can you tell us about BCG, the effective vaccination in the anti-TB struggle?

Answer: Two French bacteriologists, Carmette and Buerin, obtained the BCG vaccine from attenuated microbacterium Bovis in 1923. For a long time, it was in use as a liquid vaccine. The potency of the vaccine depends on its bacteria count. The speedy drop in the live bacillus count in the liquid vaccine used to pose a serious problem. Preserving it before use and the impossibility of testing it for potency imposed a strain.

Question: What is the testing period?

Answer: The utilization and testing period are the same: 20 days each.

Question: How long have the dry vaccines, which lend themselves to testing, been in use in Turkey and are we able to manufacture these locally?

Answer: The discovery of a heat-resistant vaccine was made in 1957. The fact that it can be tested is having a beneficial effect on the results we obtain. Such vaccines are currently manufactured at the Refik Saydam Hygiene Institute. We began the use of dry vaccine at all of our health organizations in June 1985.

Question: Is a tuberculin test necessary before BCG vaccination is administered? And how are you tackling the task of rendering the vaccine effective?

Answer: The effect of the vaccination can be seen in people who have not been infected previously. Before, a tuberculin test was necessary. Now, however, the administration of BCG vaccination without such a test is widespread

throughout the world, particularly in developing countries. It also carries the recommendation of the World Health Organization. When we have to vaccinate a large number of people, we can go ahead without testing.

For BCG to be effective, it is absolutely necessary to have the tuberculin test in a negative person [sentence as published]. With the tuberculin test, we keep track of the rate of the reaction in those directly vaccinated with BCG and act accordingly.

Question: Is the vaccination of any use for those who show a positive reaction in the tuberculin test?

Answer: Even when it does not help, vaccination does no harm. According to one view, based on the results of a research project conducted in Britain, a view supported by other research and accepted by the WHO Experts' Committee, while the BCG provides about 80 percent protection against the incidence of TB, the protection is 100 percent in meningitis and military TB, which are grave forms of the disease. We are implementing vaccination at birth or in the period immediately following birth precisely because this prevents these deadly forms of TB in children.

Question: What is your vaccination policy regarding various age groups? In what part of the body, in general, is the vaccination applied, and how long does it provide protection?

Answer: We are administering BCG vaccination direct to children from birth to 3 months of age, or to the age of 1 year. In the case of children above 3 months of age, we consider it more advisable to administer the vaccine after giving a test. We achieve more effective results by generally carrying out vaccination with due regard to the risk and infection conditions prevailing in the patient's environment. besides the period soon after birth, vaccinating children and youths in the 7-12 and 18-20 age groups helps us obtain more favorable results.

The BCG vaccination is generally administered subcutaneously, but in different parts of the world it is administered to different parts of the body. In our country, we administer it subcutaneously in the upper arm area where the deltoid muscle joins the shoulder.

While there have been variations in research results, indications are that BCG is effective for over 15 years. All research results are based on full-dosage BCG; the effect of the half-dosage vaccination used at birth is more short-lived. We therefore find it beneficial to revaccinate at the school entry age of 6-7.

Question: It is observed that some children run a temperature and have swollen glands following vaccination. Can it be said that BCG has side effects?

Answer: This naturally causes concern to parents and relatives of the children. These reactions in children often go away without attention. We consider that intervention is not necessary in all cases of glandular swelling. We do see cases of infection by BCG, but only very rarely--one in every so many million vaccinations, in children with clear cases of immunity problems from birth. Statistics reveal only one or two actual cases in children.

BCG osteitis has been investigated in Istanbul and has been found to conform to world norms. With such data, we are unable to say that the vaccination has no side effects.

13184/12795
CSO: 5400/2413

HEMOPHILIACS INFECTED WITH AIDS FROM IMPORTED PLASMA

London THE DAILY TELEGRAPH in English 23 Dec 86 p 2

[Text] Two thirds of hemophiliacs under treatment in the Birmingham area--up to 60 people--have been infected by the Aids virus as a result of contaminated Factor 8 plasma imported from the United States, an inquest heard yesterday.

Dr Richard Whittington, the Birmingham coroner, said the potential danger of the imported plasma had only recently been recognised.

Now, all Factor 8 was heat treated before use and it was hoped that, by the end of next year, Britian would be self sufficient in the plasma.

At present between 10 and 25 per cent of Factor 8 was home-produced, the inquest heard.

Self-treatment

Dr Whittington recorded a verdict of death by misadvanture on Mr Peter Eustace, a graphic artist, of Dryden Road, Aycocks Green, Birmingham.

Dr Ian Franklin, a consultant haematologist at Birmingham's Queen Elizabeth Hospital, said 30-year-old Mr Eustace, who had been a hemophiliac since birth, had been treated with Factor 8 for a number of years and had been trained to inject himself at home.

In the Birmingham area, between 85 and 90 hemophiliacs were under treatment, and it had been found that two-thirds of these were infected with the virus.

Dr Franklin said after the inquest: "I would like to make it clear that only a very few of these people actually have Aids. The others have antibodies in their blood, but are not showing any of the effects."

7,000 sufferers

Our Health Services Correspondent writes: About 2,500 patients throughout the country suffer from severe hemophilia, 60 per cent of whom are estimated by the Hemophiliac Society to be infected with the Aids virus.

Overall there are seven thousand people suffering from various degrees of hemophilia, of whom 30 per cent have antibodies in their blood showing that they have been in contact with the disease.

All of them became infected through being treated with products made from contaminated blood at least two years ago, before it was heat treated to ensure its purity.

/12828
CSO: 5440/047

BRIEFS

SALMONELLA THREAT--Veterinary experts are demanding tighter controls on calf sales at markets throughout Britain to stop the spread of a dangerous strain of salmonella poisoning which produce serious blood infections in humans. Doctors have reported a sharp increase in cases of salmonella 204c, which has the ability to become resistant to new antibiotics as fast as they are developed. It thrives in new born calves often sent prematurely to market. In humans it causes acute food poisoning symptoms, including fever and diarrhoea. It can also cause infections in the mouth and liver and develop in to serious complications in the blood. Experts feel one of the most effective ways is to stop it at its source--in new born calves. They are highly critical of sharp practices among some farmers and dealers. [Text] [London SUNDAY TELEGRAPH in English 21 Dec 86 p 4]/12828

CSO: 5440/047

BRIEFS

KARIBA WARNING ON AIDS--Residents of Kariba should be careful with their sexual activities because of the dreaded killer disease Aids, the nursing sister in charge of Kariba Town Council clinics, Cde Patricia Riva, has warned. In an interview recently, Sister Riva said although only a few cases have so far been reported in Zimbabwe, Kariba is a holiday resort and some holidaymakers came from countries which have already registered a high number of Aids cases and "one never knows what goes on in hotels". [Excerpt] [Harare THE HERALD in English 20 Dec 86 p 8] /13046

CSO: 5400/82

BRIEFS

VIRAL DISEASE HITS TROUT--Some Eastern Transvaal trout hatcheries have contracted a viral disease and the Natal Parks Board will allow importations only of fresh-water fish and ova that have an Onderstepoort veterinary clearance. This was announced by Dr Hans Grobler, the board's assistant director, conservation. The disease, infectious pancreatic necrosis, is transmitted in the ova and there is generally a high death rate in young fry. Adult fish are carriers, but do not show symptoms. The disease affects rainbow and brown trout and is a threat to other fish, including indigenous species. Permits are required to import live fish or their eggs into Natal. [Text] [Durban THE DAILY NEWS in English 12 Dec 86 p 7] /9317

CSO: 5400/79

TSETSE FLIES REPORTED SPREADING

Kampala NEW VISION in English 28 Nov 86 p 1

[Article by Robinah Bosalirwa]

[Text] An explosion of the tsetse fly population in the country was announced yesterday by the Minister of Animal Industry and Fisheries, Dr Shema Massaba.

At a meeting of the Uganda Veterinary Association in Kampala, he said tsetse flies had spread to areas that were originally free from them; and were now covering three quarters of the country.

It has led to a serious sleeping sickness epidemic in Arua, Mukono, Busoga and parts of Tororo.

"Trypanomiasis is now everywhere. Rinderpest, rabbies and foot and mouth diseases are also on the increase."

He attributed the problem to the past neglect of disease control and assured that the ministry had now placed it as a priority.

Masaba regretted that nearly all the farms, cattle dips and access roads were in ruins and required extensive repair and restocking. Social and economic requirements had created land shortages for progressive farmers. Traditional farm-land owners were now demanding rights to it, he added.

He pledged that his ministry would streamline research, by equipping research institutions and setting up a scheme of services for research officers. He also pointed out that the integrity of the veterinary profession was at stake and there were increasing accusations of "officers for sitting at the headquarters, selling drugs while animals are dying."

He warned against overcharging of drugs and the increased handling of drugs by non-professionals. He advised officers to avoid the use of all types of drugs at the same time because if "massive resistance occurs there will be no drugs to deal with the disease."

Commenting on the "saturaged and scramble" of posts in the ministry, he promised to create a department of animal production which would uplift service as well. Private practice would also be encouraged but only after assurance by intending officers that they "will concentrate on veterinary services" other than commercial ventures.

/12828
CSO: 5400/83

BRIEFS

ONION BLAST PROGRAM--The problem of onion blast must be solved if the production of onions in Barbados is to be increased from its current levels. So says director of the Sugar Technology Research Unit, David West, in a recent report compiled by West and entomologist with the Ministry of Agriculture, Dr Winston Small, in response to a spate of problems affecting the industry. And to this end the Barbados Sugar Industry Limited (BSIL) and the Ministry of Agriculture have developed a three-year onion blast research programme to the tune of $1 million. West noted that a number of plant pathologists from Barbados and other parts of the world had been studying the problem for the past 15 years, but the agent of blast was still unknown. Onion blast, he said, had reached epidemic proportions in Barbados during the last two growing seasons and was now seen by farmers and researchers alike as the major disincentive to onion growing. West explained that the research programme was necessary if the industry was going to progress. [Text] [Bridgetown DAILY NATION in English 13 Nov 86 p 3] /9274

CSO: 5440/044

BRIEFS

MOKO DISEASE COMPENSATION--St George's, 16 Dec (CANA)--Grenada farmers whose banana crop has been damaged by the moko disease will be fully compensated, according to the Chairman of the Management Committee of the Grenada Banana Cooperative Society (GBCS), Ralph Bhola. Mr Bhola told farmers that since January the Windward Island Banana Association (WINBAN) and the Grenada Government had agreed to provide compensation by matching growers' losses dollar for dollar. The aim, he said, was to ensure that farmers report the incidence of moko and thereby help the local authorities to wipe out the pest. "I want you to stand up and report the incidence of moko in your area," he said. "If we start to fight the disease effectively we may eventually eradicate the disease. It's a threat to the banana industry and we cannot afford that," he added. [Text] [Port-of-Spain TRINIDAD GUARDIAN in English 17 Dec 86 p 21] /9274

CSO: 5440/046

FUNGUS ATTACKS OIL PALM PLANTATIONS

Kuala Lumpur BUSINESS TIMES in English 13 Dec 86 pp 1, 10

[Article by Jimi Ngoh]

[Text]

PALM oil, Malaysia's "golden crop" has so far been relatively free of the ravages of pests and diseases since it was introduced in the country in the 1960s, but this may no longer hold true.

A fungus, of the Ganoderma variety, has begun to attack oil palm plantations with increasing vigour, raising concern among planters everywhere, estate sources said yesterday.

The problem is serious enough for Porim, the Palm Oil Research Institute of Malaysia, to call in two foreign agricultural experts, including one from the prestigious Commonwealth Horticultural Research Station in East Malling in the UK, to look into the problem several months ago.

Besides Dr T.R. Swinburne from the research station, the other expert is Dr P.D. Turner, a well-known plant pathologist in the South-East Asian region. Porim officials contacted said the two men were in the country recently on Porim's invitation to look into the incidence of Ganoderma attacks... They said the problem is "nothing new" and downplayed the implications.

Experts agreed fungus attack by Ganoderma had occurred before, but it had previously been confined to palms of 20 years of age or older, and had been regarded as a disease of the old.

What is causing concern now is that for the first time, young palms of around five years old have begun to be afflicted by the fungus. It is not known how widespread the fungus attack is among the younger palms, but the incidence is obviously frequent enough to cause concern.

A planter said he is not sure when this phenomenon first emerged, but that is is quite recent. He pointed out that though the fungus problem may have surfaced earlier, it could be ignored when prices were high. It is only when prices are low that their impact is felt to a greater degree and planters start to sit up.

Basically, what happens is that the fungus growth interferes with the moisture uptake of the oil palms, clogs up their absorption system and can cause the palm to literally "die of thirst."

Agricultural experts say one reason why the fungus attack has emerged at this time can be attributed to the fact that palm oil in Malaysia has completed its first cycle of growth. The first oil palms which came to the country in the 1960s are now due to be replanted after a useful life cycle of about 25 years.

When new palms are replanted on land where the old palms, which had been suffering from ganoderma attacks, had previously grown, there is always a possibility that the ailment will spread.

This is made worse by the fact that the clearing of old oil palm estates has seldom been carried out properly, compared with the clearing of old rubber estates, for instance.

While rubberwood can be sold for firewood or even furniture, the old oil palm trees have to be burnt or otherwise disposed of, and this cost both money and effort. The result is that the

stems of old palm trees are sometimes just left lying in the estates and the spread of the fungus is thus perpetuated.

One way to put a stop to this is to rotate another crop on the land or leave it fallow for a period. A planter pointed out that in the case of tea estates in India, for instance, care is taken to ensure that before they are replanted, another crop, guatemala grass, is grown on the soil for 18 months.

Not only does this serve to "sweeten" the soil, but diseases or fungi which afflict tea will probably not be carried by the grass. Since they are denied of a host, diseases which affect the main crop will thus die out.

Plantation experts feel that a similar crop rotation should be practised in the case of oil palm estates.

CSO: 5400/4321
/9317

BRIEFS

CROP PEST WARNINGS--The Vegetation Protection Department of the Ministry of Agriculture recently issued a notice on the development of harmful insects and diseases over the past 10 days. In the northern provinces, 6th-generation stem borers are hatching in large numbers and attacking early 5th-month rice seedlings in the Bac Bo delta, midland provinces, and in Nghe Tinh. Meanwhile, rice blast is spreading vigorously and causing serious damage to 5th-month sticky rice and early 5th-month rice crops in Nghe Tinh. The extent of damage is 20-25 percent of the cultivated area, 50 percent in more seriously affected localities; that is, level 2-5 of pest damage. The outbreak has caused a total loss of crops in limited areas. In addition, rice hispa and leafhoppers of different species have ravaged crops in scattered areas with a density of 10-15 insects per square meters. In the southern provinces, rice leaf rollers have damaged 30,000 hectares of earing rice in the Mekong River delta provinces and have stricken early winter-spring rice seedlings in the central coastal provinces with the prevalent density of 3-5 insects per square meter, 15-20 insects per square meter in more seriously affected localities. In Long An, rice leaf rollers have appeared in high density in 5,000 hectares. In addition, brown leafhoppers and rice mealy bugs are causing crop damage in some areas. It is forecast in the next 10 days, in the northern provinces, stem borers will continue to hatch and attack early 5th-month rice seedlings; rice blast will spread and cause serious damage in Nghe Tinh, especially in sticky rice seedling areas; and late blight will gradually spread in potato and tomato areas. In the southern provinces, rice leaf rollers will spread vigorously and attack late 10th-month and early winter-spring rice crops in the Mekong River delta provinces; they will also hit rice seedlings in central coastal provinces. In the coming days, it is suggested that the northern provinces continue to exterminate stem borers and rice blast in seriously affected areas. They should kill rice hispa and plow newly harvested ricefields to exterminate caterpillars. Insecticides should be sprayed to stamp out late blight in potato and soybean areas. The southern provinces should continue to exterminate rice leaf rollers, stem borers, brown leaphoppers, and rice stemflies where their density is high.]Text] [Hanoi Domestic Service in vietnamese 100 GMT 11 Dec 86 BK] /12624

DEPARTMENT WARNS OF PESTS--The Vegetation Protection Department recently issued a notice saying that stem borers, brown leafhoppers, and rice leaf rollers are ravaging crops, with about 20,000 hectares of late 10th-month rice and earing winter-spring rice in the Mekong River Delta provinces having been affected by stem borers. Meanwhile, brown leafhoppers have attacked 6,000 hectares of earing rice in Tien Giang, Long An, and Ben Tre provinces

and Ho Chi Minh City. In the northern provinces, sixth-generation stem borers have hatched in large numbers and ravaged early rice seedlings in Nghe Tinh, Binh Tri Thien, Vinh Phu, and other provinces. Meanwhile, aphids have caused serious damages to early winter corn, late blight has stricken soybeans, potatoes, and tomatoes. It is forecast that in the coming days, in the northern provinces, stem borers will affect rice seedlings and late blight will ravage potatoes and tomatoes. In the southern provinces, rice leaf roller caterpillars will hatch in large numbers and attack winter-spring rice while brown leafhoppers will affect some areas in the Mekong River Delta. It is suggested that the provinces concerned continue to take all measures necessary to stamp out stem borers and brown leafhoppers. At the same time, they should spray insecticides to protect tomatoes and potatoes from late blight. [Text] [Hanoi Domestic Service in Vietnamese 1430 GMT 22 Dec 86 BK] /12624

CSO: 5400/4320

TEAM TO INVESTIGATE OUTBREAK OF ARMYWORM IN SHURUGWI

Harare THE HERALD in English 30 Dec 86 p 7

[Text]

OFFICERS from Gweru's Plant Protection Research Institute have been sent to Shurugwi to investigate the latest outbreak of armyworm in that area. Head of the institute in Harare, Dr Shadreck Mlambo, yesterday said the officers would investigate reports that no action had been taken to check the pest after locals had reported the outbreak of the worms.

The Shurugwi district administrator, Cde Crispen Mudenge, said the armyworm had invaded the Wilds area near Donga rural service centre early last week, but by Christmas Day, nothing had been done to check the pest as the local Agritex officials were still looking for knapsack sprays from various organisations.

Dr Mlambo said a full report will be issued today once the reports had been verified.

● There is a shortage of spraying equipment to eradicate the armyworm, Dr Mlambo said in Harare yesterday, according to Ziana.

Only one company, Spraying Equipment manufactured sprayers which were currently out of stock.

"The sprayers that we had from previous years have been sent to the communal areas but we hope to get more soon.

"Everything is being done to control the pest and we have enough chemicals," he said.

He said people could use watering cans, which could work on the same principle as the sprayer, to fight the pest only if they covered a limited area.

"If the armyworm infests a large area then they would have to try and borrow sprayers from their neighbours."

Dr Mlambo warned that there could be further outbreaks of armyworm for as long as the present rainfall pattern continued.

There were some areas within Zimbabwe where the pest seemed to have bred because of suitable sunny spells, and the first generation was now appearing.

Further outbreaks of the armyworm were reported in Norton and several areas within the city, said Dr Mlambo.

Other sightings of the pest were in Muzarabani which is 200 km northeast of Harare. — Herald Reporter-Ziana.

/13406
CSO: 5400/82

- END -